



**FISHER RIVER STUDENT SERVICES**

P.O. Box 368

Koostatak, Manitoba

ROC 1SO

Phone: (204) 645-2116

Fax: (204) 645-2788

**APPLICATION FOR EDUCATIONAL ASSISTANCE**

**STUDENT INFORMATION**

Treaty Number (10 digit)

Birth Date (yy/mm/dd)

Social Insurance Number

**Status**

Continuing Student

Grade 12 student

New student

Deferred student

Previously funded student

**Forms Included**

Latest Transcript

Acceptance Letter

Registration

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Contact Name & Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**STUDENT PROFILE**

Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_  
 Common Law \_\_\_\_\_ Single Parent \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Treaty # \_\_\_\_\_  
 Will be a full time student \_\_\_\_\_ Source of Income (ie. EI) \_\_\_\_\_  
 Will be employed \_\_\_\_\_ (If employed, state income) \_\_\_\_\_  
 Is unemployed, will claim as a dependent \_\_\_\_\_

Please list all Dependent Children who live with you during period of sponsorship

NAME	DATE OF BIRTH	GRADE	SCHOOL	TREATY NUMBER

If more space needed, please list separately

**EDUCATION PLAN**

Program or Course: \_\_\_\_\_ Current Year of Study(eg.1 of 3) \_\_\_\_\_ of \_\_\_\_\_

Institution Name: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Attendance	Academic Period	Program Start/End	Length of Program	Graduation Date
Full time _____ Part time _____	Fall _____ Winter _____ Spring _____ Summer _____	Start: ____/____/____ End: ____/____/____	_____	____/____/____

Program (include # of courses and credits)

Term 1: \_\_\_\_\_  
 Term 2: \_\_\_\_\_

Deadline date for Spring/Summer session is February 28<sup>th</sup>  
 Deadline date for Fall/Winter academic year is May 15<sup>th</sup>  
 Please ensure your application is accurate and complete – incomplete applications will be returned.



The following questions will help us in determining your eligibility for Employment & Training sponsorship

Have you been on EI Benefits in the last 3 years? Give details:

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Have you been on an EI maternity/paternity claim in the last 5 years?

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Are you presently residing off reserve and if so for how long?

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EMPLOYMENT: Please list your work experience beginning with your most RECENT job:

DATES	JOB TITLE	EMPLOYER	REASON FOR LEAVING

**Release of Information**

I, the undersigned, authorize \_\_\_\_\_ (name of institution) to release my student history, ie. copies of transcripts, current course registrations, etc., to my sponsoring agency, Fisher River student services, effective immediately.

My Student Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:

RECOMMENDED

NOT RECOMMENDED

Approved: \_\_\_\_\_

Full Sponsorship: \_\_\_\_\_

Denied: \_\_\_\_\_

Tuition/Books: \_\_\_\_\_

Wait List: \_\_\_\_\_

Priority Level: \_\_\_\_\_

Specify Conditions , if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_