



Wasauksing Post Secondary Sponsorship Program (WPSSP)
P.O. Box 250
Parry Sound, ON. P2A 2X4
Tel. (705)-746-2531 Fax.(705)746-2599

Application for Post Secondary Sponsorship

Student Applicant Information

SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

Status Card Number

1 / 3 / 6 ___/___/___/___/___/0 / ___

Birth Date

___/___/___
M D Y

Application Date

___/___/___
M D Y

PERMANENT HOME ADDRESS:

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

MAILING ADDRESS DURING SCHOOL YEAR:

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Main Email Address _____

Please check which one applies to you:

- Single living with parents Married/Common law with Employed Spouse
 Single living away from parents Married/Common law with Dependent Spouse
 Single Parent Other

 Number of dependents (If applicable)

Previous Educational History:

High School Graduate: Yes ___ No ___ Type of Graduate: ___ Basic ___ General ___ Diploma ___ GED
Highest Grade Completed: ___

High Schools Attended:

Dates Attended

Month/Year

Grades

Month/Year

___/___ to ___/___
___/___ to ___/___
___/___ to ___/___

___ to ___
___ to ___
___ to ___

History of Previous Secondary Education:

Name of College or University	Program	Funded By	Dates Attended		Completed
			Month/Year	Month/Year	
_____	_____	_____	___/___ to ___/___	___/___	Yes or No
_____	_____	_____	___/___ to ___/___	___/___	Yes or No
_____	_____	_____	___/___ to ___/___	___/___	Yes or No

Special Trades/Licences or Certificates Held: _____



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<u>ATTENDANCE</u>	<u>TYPE OF STUDIES</u>	<u>PROGRAM LEVEL</u>	<u>EXPECTED GRADUATION DATE</u>
<input type="checkbox"/> Full Time	<input type="checkbox"/> On-Campus	<input type="checkbox"/> Level I - College	____/____/____ Month Year
<input type="checkbox"/> Part Time	<input type="checkbox"/> Distance Ed	<input type="checkbox"/> Level II - Undergraduate (ie B.A., B.Ed., Certificate, Diploma)	
		<input type="checkbox"/> Level III - Graduate or Professional (ie. M.A., MD., LLB)	
		<input type="checkbox"/> Level IV - Doctoral (ie. PhD.)	

Choice # 1

Program (include # of courses and credits)	Institution	Academic Year of Study Applied For
	Total Length of Program	Academic Period for this Application ____/____/____ To ____/____/____ M D Y M D Y

Choice # 2

Program (include # of courses and credits)	Institution	Academic Year of Study Applied For
	Total Length of Program	Academic Period for this Application ____/____/____ To ____/____/____ M D Y M D Y

Choice # 3

Program (include # of courses and credits)	Institution	Academic Year of Study Applied For
	Total Length of Program	Academic Period for this Application ____/____/____ To ____/____/____ M D Y M D Y

Educational Goals:

Career and Life Goals:

I declare that all of the above information is complete, true and accurate to the best of my knowledge. I agree to inform the Wasauksing Post Secondary Sponsorship Program of any changes which may affect my eligibility for sponsorship. I have read and understand the WPSSP Policy and Guidelines. I understand that should I be sponsored that I will share further information and abide by the Sponsored Student Responsibilities.

SIGNATURE: _____ DATE: _____



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COST	FISCAL YEAR 20 ___ / ___	FISCAL YEAR 20 ___ / ___	APPLICANT NUMBER _____
TUITION			DATE REC=D _____
BOOKS			DATE FILE COMPL _____
MONTHLY LIVING ALLOCATION _____ MONTHS @ _____			PRIORITY NUMBER ___A ___B ___C
OTHER (SESSIONAL TRAVEL; DAILY TRAVEL,)			STUDY CODE _____
PLA, Coop			QUALIFICATION CODE _____
			INSTIT CODE _____
			STUDENT MONTHS _____
TOTAL COST			

Student Review and Recommendations:

EDUCATION COUNSELLOR:
 ___ RECOMMENDED
 ___ NOT RECOMMENDED

EDUCATION COMMITTEE
 ___ RECOMMENDED
 ___ NOT RECOMMENDED

CHIEF & COUNCIL
 ___ ACCEPTED
 ___ NOT ACCEPTED

COMMENTS:

COMMENTS:

COMMENTS:

 EDUCATION COUNSELLOR=S SIGNATURE
 DATE: _____

 AUTHORIZING OFFICER
 DATE: _____

 CHIEF
 DATE: _____