



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**

**Grades**

	Month/Year	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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**Student Applicant Information**

<b><u>ATTENDANCE</u></b>	<b><u>TYPE OF STUDIES</u></b>	<b><u>PROGRAM LEVEL</u></b>	<b><u>EXPECTED GRADUATION DATE</u></b>
<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:**

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**Career and Life Goals:**

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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:

\_\_\_\_\_  
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\_\_\_\_\_  
 EDUCATION COUNSELLOR'S SIGNATURE  
 DATE: \_\_\_\_\_

\_\_\_\_\_  
 AUTHORIZING OFFICER  
 DATE: \_\_\_\_\_

\_\_\_\_\_  
 CHIEF  
 DATE: \_\_\_\_\_