



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

Applicant Information

Application Date (see submission deadlines in Student Success Handbook): M: ____ D: ____ Y: _____

Last Name: _____ **First Name:** _____

Status Card # 1 / 3 / 6 / ____ / ____ / ____ / ____ / ____ / 0 / ____

Wasauksing Citizen? Y N (if no, you can apply though you must become a citizen to be sponsored by the WPSSP). This as per Parry Island Citizen Code Document.

Permanent Home Address:

Active Email Address:

Active Cell Phone or Telephone # (please circle which) _____

Please Check Which Applies:

Single Student Single Parent Married/Common Law – Employed Spouse

Married/Common Law – Dependent Spouse

of Dependent (under 18 years old) Children _____

Previous Education History:

High School Graduate: Y N

High School Attended:

Dates Attended:

Month/Year to Month/Year

_____ / ____ to _____ / ____

_____ / ____ to _____ / ____

_____ / ____ to _____ / ____



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Notes:

Previous Post Secondary Education History:

Name of School Attended:

Dates Attended:

Month/Year to Month/Year

_____/____/____ to ____/____/____
_____/____/____ to ____/____/____
_____/____/____ to ____/____/____

Notes:

School Information

Full Time Studies? Part-time Studies? In-Person? On-Line?

Certificate Program: College Program: University Undergrad Program:
Post Grad Program (e.g. MA): Doctoral (PhD) Program:

Expected Graduation Date: Month _____ Year _____

Choice # 1

Program: _____ School: _____

Start Date (this year) _____ Total Typical Length of Program (school years): _____

Choice # 2

Program: _____ School: _____

Start Date (this year) _____ Total Typical Length of Program (school years): _____

Choice # 3

Program: _____ School: _____

Start Date (this year) _____ Total Typical Length of Program (school years): _____



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Your Education Goals/Notes:

I declare that all the above information is accurate to the best of my knowledge. I agree to inform the WPSSP 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 become successfully sponsored, that I will be asked to share further information and abide by the Student Responsibilities Contract that I will be asked to sign.

Student Signature: _____

Date: _____

Education Counsellor Notes: