



**APATISIIWIN SKILLS DEVELOPMENT  
CREE BURSARY APPLICATION FORM  
FOR POST-SECONDARY STUDENTS**

<b>PERSONAL INFORMATION</b>				
Social Insur. Number	Family Name	First Name	Telephone	Cell
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address	City/Town	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address during Training (if different than above)	Date of Birth	Age	Band Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Disabled Person <input type="checkbox"/>	If So, Disability <input type="text"/>	Declared being able to work <input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest Level of Education <input type="text"/>	Email <input type="text"/>			

<b>ASD CONTRACT RELATED INFORMATION (ASD use only)</b>				
ASD File Number	ASD Program	Start Date	End Date	Project Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>POST-SECONDARY PROGRAM INFORMATION</b>	
Name of Post-secondary Institution:	_____
Name of Post-secondary or Vocational Program:	_____
Institution Contact Person:	_____ Tel# _____

<b>PARTICIPANT ELIGIBILITY (obligatory)</b>	
Proof of enrolment submitted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-secondary program or vocational training program leading to an accredited degree/diploma:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full-time student in the chosen program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed at least 30 days in the program:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>CREE BURSARY PROGRAM CONTRIBUTION FOR</b>	<input type="checkbox"/> Fall Semester	<input type="checkbox"/> Winter	<input type="checkbox"/> Summer
<small>PLEASE CHECK ONE BOX (CURRENT SEMESTER)</small>			

<b>DIRECT DEPOSIT INFORMATION</b>	<u>Attach Copy of Void Cheque</u>
Bank _____	Bank # _____ Transit # _____ Account # _____

I declare that the information I provided above is true. I agree that this information will be used to determine my eligibility for funding and services provided by the ASD and may be shared with the various government funding agencies. Should anything change regarding my personal information or the data provided, I will immediately notify ASD. I acknowledge that ASD will recuparate any amounts or benefits to which I was not entitled and that I will be accountable for reimbursing them. Finally, if applicable, I authorize, the CSB to disclose to ASD upon request, the outcome of my training program (i.e. not completed, received an attestation or received a diploma).

	<small>(ASD USE ONLY)</small>		
	<b>Fall Semester</b>	<b>Winter</b>	<b>Summer</b>
Participant's Signature: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
Recommended by ASD Counsellor: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
Verified by Program Dev. Officer: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Decision by the Program Development Officer:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>