

Application Form ~ Adult Education

SIKSIKA ADULT EDUCATION FUNDING PROGRAM
OLD SUN COMMUNITY COLLEGE
P.O. BOX 1250 SISIKA, ALBERTA T0J 3W0

Name: _____

Address: _____ City/Town: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____ Birth date : Y ___/ M ___/D ___ Gender: M ___ F ___

Nation: _____ Family Number: _____ Social Insurance No: _____

FAMILY INFORMATION

Name of Spouse _____		
Name of Dependents (17 and under)	Age & Date of Birth	Residing with you? (Y/N)
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU RECEIVED ANY FUNDING THROUGH ADULT EDUCATION? Y N
IF YES: PROGRAM/COURSE _____ DATE: Y ___/ M ___/D ___

EMPLOYMENT INFORMATION

ARE YOU PRESENTLY EMPLOYED? Y N FULL TIME PART TIME TEMPORARY/CASUAL
PLACE OF EMPLOYMENT _____

PREVIOUS EDUCATION

Highest Level of Education: _____
Name of Last School attended: _____ YEAR: _____

PROGRAM/COURSE INFORMATION

INSTITUTION YOU WILL BE ATTENDING: _____
NAME OF PROGRAM: _____
COURSE YOU WILL BE TAKING: _____
PLEASE SPECIFY FUNDING REQUEST: TUITION: \$ _____ BOOKS: \$ _____ OTHER: \$ _____
COURSE START DATE: _____ COURSE COMPLETION DATE: _____

ARE THE FOLLOWING DOCUMENTS ENCLOSED WITH YOUR APPLICATION?

ACCEPTANCE LETTER Y N
REGISTRATION Y N
TRANSCRIPTS Y N

IF NOT, WHEN WILL THEY BE FORWARDED? _____

PLEASE NOTE THAT THE INFORMATION GIVEN ON THIS APPLICATION IS STRICTLY CONFIDENTIAL AND IS USED FOR THE PURPOSE OF ASSISTING THE SELECTION OF CANDIDATES ONLY.

ALL MONIES APPROPRIATED TO FULL/PART TIME STUDENTS FOR POST SECONDARY FUNDING (ALLOWANCE, TUITION, BOOKS, ETC) MUST BE USED ACCORDINGLY. FAILURE TO COMPLY WITH THE REGULATIONS COULD RESULT IN AN OVERPAYMENT AND ALL MONIES ARE SUBJECT TO RECOVERY.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL THE INSTRUCTIONS AND INFORMATION ACCOMPANYING THIS APPLICATION FORM AND THAT ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE IN ALL RESPECTS. I UNDERSTAND THAT MISREPRESENTATION, FALSIFICATION OF DOCUMENTS, OR WITHHOLDING OR REQUESTED INFORMATION ARE SERIOUS OFFENCES WHICH MAY RESULT IN THE CANCELLATION OF YOUR SPONSORSHIP.

• PLEASE NOTE THAT AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

SIGNATURE: _____ DATE: _____

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