

PERSONAL INFORMATION

Last name	Social Insurance Number: 	Date of Birth (dd/mm/yy) 
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First name	Student Number: 
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Number and street	Apartment Number
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City, town, or post office	Postal Code 	Area code and telephone number 
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Other <input type="checkbox"/>	Citizenship status <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident	Have you applied for OSAP assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Institution SAULT COLLEGE	Program name	Program Year (e.g. Yr. 2, Yr. 3)	Percentage of a full course load % 
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You belong to an equity group and wish this to be taken into consideration. Indicate to which group you belong. Check all the boxes that apply to you.

<input type="checkbox"/> Aboriginal Canadians	<input type="checkbox"/> Francophones	<input type="checkbox"/> Persons with disabilities	<input type="checkbox"/> Sole-support parent	<input type="checkbox"/> Social Assistance recipient	<input type="checkbox"/> Visible minorities	<input type="checkbox"/> Women
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Previous Employment Information - please be sure to attach a resume with this application and budget form

Student's Declaration

I certify that the above information is true and correct and that I require additional assistance to complete my studies. My academic progress is satisfactory and I agree to notify the Financial Aid Administrator, in writing, of any change in my academic, financial, family, or study-period status during the period covered by this education. I authorize the employer to check the previous work reference that I have provided.

Signature of student	Date
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**PLEASE BE ADVISED THAT ALL SECTIONS MUST BE COMPLETED INCLUDING SOCIAL INSURANCE NUMBER OR YOUR APPLICATION WILL NOT BE CONSIDERED FOR HIRING.**