



## Eel River Bar Education

### GRADUATION INCENTIVE APPLICATION

STUDENT INFORMATION			
Student Name:		Date of Birth: (month/day/year)	
		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Home Address:		City:	Province:
			Postal Code:
Phone Number:		Email:	
EDUCATION			
Post-Secondary Institute\High school Institute			Are you on the honors list? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Program (if you have declared a major please specify):			
Level of Studies:		Were you funded by Post-Secondary Student Support Program (PSSSP) for the duration of your studies?	
<input type="checkbox"/> High School <input type="checkbox"/> Graduate (Masters)		<input type="checkbox"/> Yes	
<input type="checkbox"/> College <input type="checkbox"/> Doctorate		<input type="checkbox"/> No; additional forms required, please see Post-Secondary Manager (excludes High School Students)	
<input type="checkbox"/> University			
*Official Transcript <b>must</b> be submitted and/or a copy of your certification			
ACKNOWLEDGMENT			
The above information is accurate to the best of my knowledge.			
I understand the information provided will be used for planning purposes for the Annual Education/ Graduation Banquet 2025 and shared with the community and/or social media.			



Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_