



Eel River Bar First Nation
Education Department
11 Main Street, Unit 201, Eel River Bar, NB
E8C 1A1
Phone: (506) 684-6297 Fax: (506) 684-6284

Application for Post-Secondary Student Assistance Student Information

Last Name: _____ First Name: _____ Initial: _____

Male Female Date of Birth: ____/____/____

Band # _____ E-mail _____

Phone # _____

Application Status:

New Student () Re-Enrolled () Application Change ()

Home Address

Address while at University/College

Banking information

Bank: _____ Transit #: _____ Account #: _____

Branch: _____

Current Educational Plan

Institution _____

Address _____

Student # _____

Type of Program: **Certificate:** () **Diploma:** () **Degree:** Bachelors ()
Masters ()
PhD ()

Program Title _____ Field _____

Length of Program: Years _____ Months _____ Years of Study: ___ of ___

Study Status: *Full Time* _____ OR *Part time* _____

Effective Term(s) Semesters(s): Fall () Winter () Spring () Summer ()

From: _____ .To _____
 D M Y D M Y

Will you be staying in residence? Yes _____ No _____

I Declare that the information I have provided is accurate to the best of my knowledge.

Signature of Applicant: _____

Signature of Witness: _____