

Continuing Sponsorship Form

Deadline for September to April – **June 30**th
Deadline for May to August - **April 1**st
Applications will be considered "Incomplete" without the most recent transcript.

Section 1: Personal Information

Name:		Treaty	#		
Surname	First	THE STREET	10	digits	
Present Full Address:	7				
	Box No./Street No. Stree	t Town/City	Province	Postal Code	
Telephone/Cellular #'s:_					
Date of Rirth:	of Birth:Social Insurance #:				
Date of Birth:Social Insurance #:					
E-Mail Address/Faceboo	ok:			4	
Banking Information: Ba	nk #:	Transit #:	Account #: _	W	
Dependents: Yes □ No □ If yes, name/s and birthdate/s:					
	/ / The **				
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Section 2: Program					
Post-Secondary Institution	on				
Program of Study	1				
Student #	0		fi.		
GPA Fall/Winter Terms					
GPA Spring/Summer Te	rms				

Section 3: Sponsorship Request Fall/Winter Terms – September to April Academic Year: _____ Spring Term – May to June Summer Term – July to August Full-time: Part-time: Expected Date of Graduation: Section 4: Self-Evaluation (comments on previous year's progress and future goals)

Student Signature: _____ Date: _____