Post Secondary Assistance Application Form

Due by May 1, 2026

Name of Student _____

Home Mailing Address

_____

Indicate the Type of Living Accommodations you Expect to Occupy during your Year of Post-Secondary Studies:

_____ Living within my parents'/guardians' home or property
_____ Living in an apartment or house not owned by my parents/guardians'
_____ Living in accommodations available through the school where I will be attending

Mailing Address While Attending School (if different from home address)
Same address as above _____
Phone Number _____

Active e-mail Address _____

Name of College / University Attending _____

Address of College / University _____

_____

Name of Program of Study _____

Length of Program in Years _____

What year of study are you in?_____

Marital Status:_____Married Single

Number of Dependents _____

Indian Registry Number:_____- _____

Date of Birth of Student (Year/Month/Day):_____/_____/ _____

Must include:

- **Copy of recent transcript**
- **Letter of acceptance from the school**

Drop off: Lennox Island Band Office, 2 Eagle Feather Trail, Lennox Island, PE C0B 1J0

Email to: kim.colwill@lennoxisland.com

OFFICE USE ONLY Date Received _____