



Ahkwesāhsne Mohawk Board of Education

P.O. Box 819, Cornwall, Ontario K6H 5T7
Tel: (613) 933-0409 Fax: (613) 933-9262



POST-SECONDARY PART TIME ASSISTANCE APPLICATION
(Confidential When Completed)

Student Do Not Write In Shaded Areas

STUDENT IDENTIFIER

New Student [] Continuing [] Re-enrollment [] Today's Date Month / Day / Year
Band Number [][][][][][][][][][] Birth Date: / /
Month Day Year

BASIC STUDENT INFORMATION

Last Name First/Middle Name Phone
Address Province Postal Code Sex Male [] Female []
Dependents Social Insurance Number (optional)
Yes [] No []

Email:

OFFICE USE ONLY: Residency I [] Residency II [] Residency III []

EDUCATION PLAN

Type of Program AA/Diploma [] BA/BS/BEEd [] MA/MS/Med/MST []
J.D. [] Ph. D/ ED.D. [] Higher Certification [] Not Seeking Qualifications []

Programme / Course Institution Location
Length of Program / Course (Years) Year of Study 1st 2nd 3rd 4th Date of Graduation
Month Year

Training Dates (this school year only) Residence While At School
From To Dormitory [] Home [] Apartment []
Month Year Month Year

I attest that all the information I provided is true.

Signature Date