



3.	DEPENDENT CHILDREN	SCHOOL ATTENDING	CITY/TOWN
1.	NAME	AGE	
2.	NAME	AGE	
3.	NAME	AGE	
4.	NAME	AGE	
5.	NAME	AGE	
6.	NAME	AGE	

(If you need more space, attach another sheet with the required information to the application)

**\*\*ACCORDING TO THE POLICY MANUAL, STUDENTS WHO MISREPRESENT THEIR DEPENDENT OR ACADEMIC STATUS WILL HAVE THEIR FUNDING TERMINATED \*\***

**IN THE EVENT THAT YOU CANNOT BE REACHED AT YOUR RESIDENCE, LEAVE YOUR NAME AND NUMBER WHERE YOU A MESSAGE MAY BE LEFT FOR YOU.**

4. NEXT OF KIN: \_\_\_\_\_  
Surname First Middle Initial

ADDRESS: \_\_\_\_\_  
Apartment no. / Street no. / Box no. Town/City Province Postal/Zip Code

TELEPHONE: ( ) \_\_\_\_\_

**5. INSTITUTE CHOICE WHERE FUNDING IS REQUIRED:**

- Program / Course of Study Location : \_\_\_\_\_
- Location: \_\_\_\_\_
- Type of Institution:
  - University Entrance \_\_\_\_\_
  - University (Bachelor, Masters, Ph. D) \_\_\_\_\_
    - Direct Entry \_\_\_\_\_
    - In Direct Entry \_\_\_\_\_
  - Community College \_\_\_\_\_
  - Private Institution \_\_\_\_\_
  - Other \_\_\_\_\_
- Length of Program: \_\_\_\_\_
- Check off your standing at the time of application of this form

- Less than 1 Year \_\_\_\_\_
- 1<sup>st</sup> Year Completed \_\_\_\_\_
- 2<sup>nd</sup> Year Completed \_\_\_\_\_
- 3<sup>rd</sup> Year Completed \_\_\_\_\_
- 4<sup>th</sup> Year Completed \_\_\_\_\_
- 5<sup>th</sup> Year Completed \_\_\_\_\_
- 6 or more \_\_\_\_\_

**I CERTIFY THAT ALL THE ABOVE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS CORRECT AND COMPLETE AND THAT NO REVELENT INFORMATION HAS BEEN WITHHELD OR FALSIFIED. I UNDERSTANDING THAT MISREPRESENTATION, FALSIFICATION OF DOCUMENTS, OR WITHHOLDING OF REQUESTED INFORMATION IN REGARD TO THIS APPLICATION MAY RESULT IN AN IMMEDIATE CANCELLATION OF MY APPLICATION. I ALSO AGREE TO ABIDE BY THE POLICIES SET OUT BY THE RED PHEASANT EDUCATION AUTHORITY IN REGARDS TO POST SECONDARY STUDENTS.**

**I VERIFY THAT I HAVE RECEIVED A COPY OF THE CURRENT POLICY MANUAL.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**PRIVACY ACT STATEMENT**

The information you provide on this document is for the purpose of resource and administering post secondary financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT.

**STUDENTS ARE REQUIRED TO SIGN THE RELEASE FORM IN ORDER FOR THE APPLICATION TO BE PROCESSED, FAILURE TO DO SO MAY DELAY OR DISQUALIFY THE APPLICATION**

**6. STUDENT'S RELEASE OF AUTHORIZATION : TO BE SENT TO INSTITUTE**

I hereby authorize that all information concerning my academics may be released upon request to RED PHEASANT POST SECONDARY:

1. Pertaining to my program / course registration
2. Pertaining to my financial obligations
3. Pertaining to my attendance
4. Pertaining to my academic progress and / or related information

STUDENT'S NAME: (please print) \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TERM: \_\_\_\_\_

STUDENT #: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

**THIS CONSENT TO RELEASE INFORMATION CONTAINED HEREIN IS IN EFFECT FOR THE TERM SPECIFIED, AND MUST BE RESUBMITTED AFTER EACH TERM.**

**DIRECT DEPOSIT**  
**\*(MUST BE COMPLETED BY BANK)**

\*\*Direct deposit is available to residents with Canadian Accounts only \*\*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Apartment no. / Street no. / Box no.

Town / City	Province / State	Postal / Zip Code
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TELEPHONE: (\_\_\_\_) \_\_\_\_\_

NAME AND ADDRESS OF BANK: \_\_\_\_\_

\_\_\_\_\_

BANK TELEPHONE: (\_\_\_\_) \_\_\_\_\_

BANK TRANSIT NUMBER: (must be 5 digits) \_\_\_\_\_

STUDENT ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT: (e.g.: savings / chequing ) \_\_\_\_\_

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.**

***PLEASE PROVIDE ALL THE REQUIRED INFORMATION. CHECK WITH YOUR BANK SO THAT THE INFORMATION IS ACCURATE TO ENSURE WE GET YOUR MONEY TO YOU ON TIME. INCOMPLETE OR INCORRECT INFORMATION CAUSES DELAYS .***

**IF YOU HAVE A CHEQUING ACCOUNT, PLEASE SUBMIT A BLANK VOID CHEQUE TO OUR OFFICE IT WILL PROVIDE ALL THE NECESSARY INFORMATION WE NEED.**

**I HEREBY AUTHORIZE RED PHEASANT POST SECONDARY TO DIRECTLY DEPOSIT INTO MY BANK ACCOUNT AS NOTED ABOVE.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*ONLY COMPLETE IF BANKING INFORMATION HAS CHANGED FROM THE INFORMATION ON FILE!!**