



**Saskatchewan
Advanced Education
and Employment**

Student Financial
Assistance

4635 Wascana Parkway
Box 650
Regina SK S4P 3A3
(306) 787-5620
1-800-597-8278

2006-2007 Practicum/Internship Information

File No.	For Office Use Only
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Student's Social Insurance No.

Student's Full Name (please print) _____

Message to Students

If your program involves one or more practicum/internship placements, these placements may be eligible for additional financial assistance. To be eligible:

- your practicum/internship placement(s) **must be in a city/town other than where your school is located;**
- you have not received the maximum funding available for your period of study;
- you must apply for each practicum/internship placement **prior to your period of study end date;** and
- you must be considered by your school to be a full-time student during the practicum/internship placement.

Practicum/Internship Placement No. 1

1. **Dates** from to
Day Month Year Day Month Year

2. **Location** _____

Distance (one way) from school to practicum/internship location: **km. one way**

Are you going to relocate to the city/town of your practicum/internship? Yes No

3. **Income** Total income before deductions (not monthly) received for the **entire** practicum/internship placement: \$ _____

DO NOT LIST PART-TIME INCOME ALREADY REPORTED

Practicum/Internship Placement No. 2

1. **Dates** from to
Day Month Year Day Month Year

2. **Location** _____

Distance (one way) from school to practicum/internship location: **km. one way**

Are you going to relocate to the city/town of your practicum/internship? Yes No

3. **Income** Total income before deductions (not monthly) received for the **entire** practicum/internship placement: \$ _____

DO NOT LIST PART-TIME INCOME ALREADY REPORTED

Student's Signature **X** _____ **Date** _____
(sign in ink)

Please tear along perforated line