Student Financial Assistance

Box 650 Regina SK S4P 3A3 (306)787-5620

4635 Wascana Parkway Donald R. Simmons Memorial **Scholarship Application**

Surname G	Given Names				
Social Insurance Number ///	/ Date of Birth //	// / / / Month Year			
Permanent Address					
City/Town	Province	Postal Code			
Mailing Address (if different from permanent address):	Apartment # Street/Box No.				
City/Town	Province	Postal Code			
Telephone No. ()					
Email address					
B. Education Information					
Name and location of school from which you will graduate in Grade 12:					
Please provide copy of FINAL Gr	ade 12 transcripts with applica	ation			
Name and location of Post-secondary	ade 12 transcripts with applica	ation**			
Name and location of Post-secondary Educational Institution you plan to attend:	ade 12 transcripts with applica				
Name and location of Post-secondary Educational Institution you plan to attend:					
Name and location of Post-secondary Educational Institution you plan to attend: Course/Program C. Declaration	ength of Course/Program (in yea	ars)			
Name and location of Post-secondary Educational Institution you plan to attend: Course/Program C. Declaration /we declare that I am of Aboriginal ancestry and	ength of Course/Program (in yea	ars)			
Name and location of Post-secondary Educational Institution you plan to attend: Course/Program L	ength of Course/Program (in yea	ars) I Proficiency Awa			
Name and location of Post-secondary Educational Institution you plan to attend: Course/Program C. Declaration I/we declare that I am of Aboriginal ancestry and	ength of Course/Program (in yea	I Proficiency Awa			

Saskatchewan Advanced Education and Employment

4635 Wascana Parkway

Box 650

Regina, SK S4P 3A3

FOR OFFICE USE ONLY	Enrolment at the above post-secondary educational institution confirmed			☐ Yes	□ No	
	Date		Signature			