



A. Personal Information

Surname

Given Names

Social Insurance Number / _____ / _____ / _____ / Date of Birth / ____ / ____ / ____ / ____ /
Day Month Year

Permanent Address _____
Apartment # Street/Box No.

City/Town Province Postal Code

Mailing Address (if different from permanent address):

Apartment # Street/Box No.

City/Town Province Postal Code

Telephone No. (_____)
Area Code

Email address _____

B. Education Information

Name and location of school from which you will graduate in Grade 12: _____

****Please provide copy of FINAL Grade 12 transcripts with application****

Name and location of Post-secondary Educational Institution you plan to attend: _____

Course/Program _____ Length of Course/Program (in years) _____

C. Declaration

I/we declare that I am a person of black ancestry and that I am enrolled in a first year course at an approved post-secondary educational institution.

X _____ Date _____ 20 _____
Signature of Applicant (in ink)

X _____ Date _____ 20 _____
Signature of Principal (in ink)

Deadline for Applications: August 30

Mail completed application to: Student Financial Assistance
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 _____