



OPASKWAYAK EDUCATION SERVICES INC.

P. O. Box 10370, Opaskwayak, MB R0B 2J0

Post-Secondary Program: (204) 627-7472

Toll Free: 1-800-661-7981

Email: studentapplications@opased.com

Web Page: www.opaskwayak.ca



Form - Application for Sponsorship Assistance

Date Received: _____

Applicant's Name: _____

Application Deadline Dates:

1. May 31st - 4:30 p.m. MB time (programs starting in July - December)
2. November 30th - 4:30 p.m. MB time (programs starting in January - June)

Please check one of the following:

- _____ **Post-Secondary**
_____ **Trades/Vocational**
_____ **Apprenticeship**

Application **MUST INCLUDE** the following:

	Copy of official acceptance letter (or course registration for apprentice)
	Copy of status card or letter from OCN Registrar confirming status
	Copy of latest transcript
	Copy of social insurance number card (or government document)
	Copy of bank deposit slip (print out from bank)
	Copy of Consent Form between student and educational institution allowing OES to have access to student information ie. updates, attendance, marks, etc.
	IF APPLICABLE (high school/mature grads) Copy of Letter from Guidance/Career Counsellor confirming pre-post-secondary advising including essay writing, career planning, etc.
	IF APPLICABLE - Copy of Medical or Clinical Assessment
	IF APPLICABLE - Copy of Child Abuse and Criminal Record Checks (will accept proof of ordering)

Office Use Only:

Name	
Program	
Educational Institution	
Priority	

SECTION 1. PERSONAL INFORMATION

Full Name: **Status #:**
(Last Name) (First Name) (Middle Initial) (10-digit)

Birthdate (eg. January 1, 1999): **Social Insurance Number:**

Emergency Contact Name and Telephone #:

Permanent Address: (street, apt. #, PO Box #, Town or City, Province, Postal Code)

Relocation Address: (street, apt. #, PO Box #, Town or City, Province, Postal Code)

Land Line/Cellular #'s:

E-Mail:

Social Media (Facebook):

Are you presently employed? Full-time ____ Part-time ____

How many continuous years of employment to present day? _____

Dependent Information:

Name	Birthdate

SECTION 2. POST-SECONDARY ACADEMIC BACKGROUND

Educational Programs after High School or Mature Graduation

Did you complete any post-secondary programs? Yes ☐ No ☐ If yes, please complete the following:

Post-Secondary Institution Attended	Program of Studies	Completion of Program	Year
		Yes ☐ No ☐	
		Yes ☐ No ☐	

SECTION 3. PROGRAM APPLYING FOR

Educational Institution	Location	Name of Program (Certificate, Diploma or Degree)	Student Number
Full-time or Part-time	Program Length (1, 2, 3, 4, or 5 Years)	Transition Program Yes or No	Expected Graduation Date

SECTION 4: EDUCATIONAL AND CAREER GOALS

SECTION 5. STUDENT SPONSORSHIP CONTRACT

Upon successful sponsorship, I hereby agree to the following conditions for the duration of my program of studies:

- To attend classes on a regular basis (in-class or on-line);
- To be punctual for each class (in-class or on-line);
- To consult with my Counsellor on a regular basis (academic, personal, financial, medical, etc.);
- To adhere to educational institution rules and regulations;
- To meet OES/PSP academic requirements for each term for continuation of sponsorship;
- To provide marks or copy of transcripts when requested;
- To provide monthly progress reports and include confirmation of any marks relating to quizzes, papers, exams, assignments, etc. to my Counsellor;
- To read and become familiar with the Sponsored Student Handbook;
- To forward, in writing, any changes to residence, banking, telephone, etc.;
- To conduct myself in a professional manner as a sponsored student/ambassador of OCN;
- To declare information provided on the application form is accurate and complete.

I understand that “breach” of any of the above, may result in suspension or discontinuation of sponsorship.

Signature

Date

Electronic application and required documentation must be forwarded to the address below:

Email: studentapplications@opased.com