



Youth Educational Assistance Fund Transition Plan for Former Youth in Care

CONFIRMATION OF ENROLMENT FORM

SECTION 1 – TO BE COMPLETED BY THE STUDENT

ALL QUESTIONS MUST BE ANSWERED IN INK.

(01) STUDENT'S SURNAME NAME

(02) SOCIAL INSURANCE NUMBER

(03) STUDENT'S FIRST GIVEN NAME

(04) STUDENT'S MIDDLE GIVEN NAME

(05) STUDENT NUMBER

SECTION 2 - TO BE COMPLETED BY THE FINANCIAL AID OFFICE OR REGISTRAR'S OFFICE ONLY

ALL QUESTIONS MUST BE ANSWERED IN INK.

(06) SCHOOL NAME

E-MAIL ADDRESS OF SCHOOL / REGISTRAR'S OFFICE

(07) MAILING ADDRESS

OFFICIAL STAMP OR SEAL
OF SCHOOL

(08) CITY OR TOWN

(09) PROV / STATE

(10) POSTAL / ZIP CODE

(11) TELEPHONE (FINANCIAL AID OFFICE)

(12) FAX (FINANCIAL AID OFFICE)

(13) COUNTRY

(14) PROGRAM / FACULTY

(15) DATE CLASSES START

Year

Month

Day

(16) DATE CLASSES END

Year

Month

Day

(17) TOTAL WEEKS

(18) STUDENT'S INTENDED COURSE LOAD

%

(19) What year will the student be in? year

(20) How long is the program? (if less than one year, mark '1' in box) year(s)

(21) Program Type

(mark one)

Certificate

Associate/
Diploma

University
Transfer

Bachelor

Master

PHD

Professional

Unclassified/
(Medical doctor, lawyer, etc.)

Qualifying
Other

Specify Program

(22) Total Costs: MUST BE SHOWN IN CANADIAN DOLLARS.

A. Actual tuition and fees. Do not deduct any sponsored tuition amount..\$.00

B. Actual books, instruments and supplies..... \$.00

C. Compulsory trips and practicums..... \$.00

MINISTRY DATE STAMP

SIGNATURE OF SCHOOL OFFICIAL (IN INK)

PRINT NAME

DATE SIGNED

SIGN HERE

PRINT HERE

YEAR MONTH DAY