

Last Name (current legal name)

First Name (current legal name)

Middle Initial

Apartment or Box Number

Street Address (add direction, e.g. S, NW, SE, if applicable)

City/Town

Prov/State

Country

Postal/Zip Code

Mobile Number (format: 999-999-9999)

Telephone Number (format: 999-999-9999)

Gender: Male Female

Choose X if you do not identify as male or female, or choose to self-identify as X.

Previous Last Name (if applicable)

Email Address (mandatory)

Indigenous Status: Status Indian/First Nations
 Non-Status Indian/First Nations
 Métis Inuit Not applicable

Providing personal information on Indigenous students will help measure the effectiveness of student financial assistance programs in relation to Indigenous students and to research programs and services to improve student success rates. If you wish to declare your Indigenous heritage, please check the box that applies to you. NOTE: This is mandatory for awards which require Indigenous status as part of the eligibility, voluntary otherwise.

Social Insurance Number

Birthdate

Alberta Student Number (mandatory)

Citizenship Status: (check one)

- Canadian
- Permanent Resident
- Protected Person*
- VISA (International Student)

*If you are a Protected Person, including Convention Refugee, you must submit:

A copy of your Social Insurance Number card AND

A copy of one of the following:

- Notice of Decision, or
- Verification of Status Document (VOS)

The documentation must be valid on your Program of Study Start Date.

Alberta Residency:

Did you or one of your parents or legal guardian live in Alberta for at least 12 consecutive months immediately prior to commencing post-secondary studies? (Do not include time attending post-secondary studies or vacations.)

Yes No

If no, was your spouse/partner an Alberta resident immediately prior to you commencing post-secondary studies?

Yes No

Current Post-Secondary Institution Enrolment Information

Post-Secondary Institution Name

Student ID

Address

City/Town

Prov/State

Country

Postal/Zip Code

Program of Study

Level of Study: (check one)

Undergraduate

Professional Program (e.g. medicine, veterinary medicine, optometry, etc.)

Program of Study Start Date

Month	Year
<input type="text"/>	<input type="text"/>

Collaborative Program

Yes No

Program Length

Years Months

Year of Program

Expected Credential (e.g. upgrading, transfer, degree, diploma, certificate, other)

Declaration of Applicant

I have read and understand the instructions, and declare that:

- all information provided is true and complete and I understand it is subject to verification.
- I will immediately notify _____ if there are any changes to the information I have provided in this application.

- I authorize my post-secondary institution to disclose information collected on this application form, my program of study and any award details (if I am selected) to Alberta Student Aid, and I authorize Alberta Student Aid to collect this information from the post-secondary institution for the purposes of administering the Alberta Athletic Award under the *Student Financial Assistance Act*, including confirming my eligibility and suitability for this award, for program evaluation and for research and statistical analysis.

Signature of Applicant

X SIGN HERE

Today's Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Alberta Student Number (mandatory)

Please review your application to make sure you have completed all the required fields and that the information is accurate.

Incorrect or incomplete information will delay processing.

Your application and all supporting documentation must be received by the application deadline.