



**George Coles 1st Year
Island Student/Skills Award Bursary Appeal Form**

Please Check One:

George Coles Appeal

Island Student/Skills Award Appeal

Name		SIN		Student ID	
Institution		Phone #		Province	
Address		Postal Code		Date of Birth	
		Email			
Reason for Appeal:					

This Section Must Be Completed By Student

Have you attended post secondary education at any other institution? Where did you attend? You must attach a copy of your unofficial transcript from that institution	Yes	No
Are you a full time student? (at least three courses per semester) You must attach a copy of your unofficial transcript or degree audit report.	Yes	No
Have you been a full time student for 24 continuous weeks? (Minimum 3 courses in both 1 st and 2 nd semester or 3 in 2 nd semester and 3 total during both summer sessions)	Yes	No
In what program are you enrolled?		
Did you graduate from a PEI high school? Name of school: _____ Year of graduation: _____	Yes	No
Has it been less than four years since you graduated high school? If yes, what is the permanent address of your parents/legal guardian?	Yes	No
Do you have permanent resident status as defined in the <i>Immigration and Refugee Protection Act</i> . You must attach a copy of your status documentation.	Yes	No
Did you live on PEI for 12 months before your program started?	Yes	No
Is this your first undergraduate degree / diploma / certificate program?	Yes	No
Do you have a student loan from the province of PEI?	Yes	No
Do/did you have a student loan from another province? What province?	Yes	No
Have you previously received the George Coles Bursary, Island Student or Island Skills Award? If yes, which year and award(s) have you received:	Yes	No
Are you receiving financial support from any third party agency or government department such as Skills Development, Indian and Northern Affairs, Workers Compensation, Dept of National Defense, HRSDC etc?	Yes	No

This Section Must Be Completed the Institution

YEAR OF STUDY 1ST, 2ND, 3RD, 4TH	CREDITS COMPLETED	CREDITS CURRENTLY ENROLLED	CREDITS TRANSFERRED FROM ANOTHER INSTITUTION
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Position of Institution official

Signature of Institution official

Date

Declaration and Consent: All the information on this application is true to the best of my knowledge and I understand that providing false or misleading information on this form will result in the disqualification of the application. The educational institution I am attending may provide any information about my academic standing, attendance, awards, accommodations, and financial status to Student Financial Services with the Department of Innovation and Advanced Learning.

Personal information on this form is collected under subsection 32(2) of Prince Edward Island's Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988 c.F-15.01 and will be used for the purpose of programs under Student Financial Services, PEI Department of Innovation and Advanced Learning and with any other Provincial Department as may be necessary to evaluate the submission.

This authorization provides complete authority to collect, use, retain and disclose Personal Information to the extent reasonably necessary in connection with my application under and my participation in, any Financial Assistance Program.

Student's Name

Student's Signature

Date

PLEASE RETURN THIS FORM TO YOUR EDUCATIONAL INSTITUTION