



Samson Education Trust Fund

Application for Grade 12 Graduation Assistance Program

Band #444.0_____

STUDENT INFORMATION:

STUDENT'S LEGAL SURNAME: _____

STUDENT'S GIVEN NAMES: _____

DATE OF BIRTH: _____

DAY

MONTH

YEAR

ADDRESS: _____

REASON OF REQUEST: _____

TELEPHONE : () _____ OTHER: () _____

NAME OF SCHOOL: _____

ADDRESS: _____
PHONE #: _____

APPLICATION DEADLINE: 1 WEEK BEFORE GRADUATION CEREMONY

PARENT AND/OR GUARDIAN (IF MINOR OR UNDER 18 YEARS OLD)

SURNAME: _____
FIRST NAME: _____
RELATIONSHIP: _____

ADDRESS: _____

PHONE #: _____ OTHER: _____

ARE YOU AWARE, THAT THIS IS A ONE-TIME ONLY PROGRAM? _____

WE REQUIRE THE FOLLOWING TO ACCOMPANY YOUR APPLICATION:

- CAREER ASSESSMENT: _____
- PROOF OF MEMBERSHIP: _____
- LETTER FROM SCHOOL VERIFYING REQUIREMENTS MET TO PARTICIPATE IN GRADUATION CEREMONY'S: _____

PARENT SIGNATURE

DATE:

APPLICANT'S SIGNATURE

DATE: