



**SPECIALIST HIGH SKILLS MAJOR  
\$500 AWARD APPLICATION**

*For Students Entering Lakehead University from High School  
2024/2025*

**Eligibility:** Canadian Citizen or Permanent Resident, no previous post-secondary education and demonstrated financial need. Incomplete applications will not be considered (including signature of applicant).

**Deadline:** Enrolment Services - Student Central no later than 4:30 pm on April 15 annually (emailed applications accepted)

STUDENT INFORMATION		
Last Name:	First Name:	
LU Student ID Number:		
Permanent Address:		
City/Town:	Postal Code:	
EDUCATIONAL INFORMATION		
High School Attended:	Graduation Date:	
Please select one Specialist High Skills Major Program:		
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Business	<input type="checkbox"/> Environment
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Mining	<input type="checkbox"/> Sports
STUDENT'S FINANCIAL RESOURCES		
Estimate of savings from summer and part-time work:	\$	
Family contributions to your 2024-2025 academic year (including RESP's):	\$	
Other income/resources for the 2024-2025 academic year (including awards):	\$	
STUDENT'S STATUS : Please complete the status section below that applies to you.		
<b>Status – Student:</b> <input type="checkbox"/> Dependent Status – Parents: <input type="checkbox"/> Married/Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced* <input type="checkbox"/> Single Parent Number of dependent children in family including yourself: _____ Number of dependent children attending college/university: _____ Father/Stepfather's income as reported on line 15000 of 2023 tax return \$ _____ Mother/Stepmother's income as reported on line 15000 of 2023 tax return \$ _____ <small>* Parents Separated/Divorced - report the income of the parent you live with most</small>	<b>Status – Student:</b> <input type="checkbox"/> Married/Common-law Spouse's income as reported on line 15000 of 2023 tax return: \$ _____ Number of dependent children: _____ <hr/> <b>Status – Student :</b> <input type="checkbox"/> Independent or Single Parent Number of dependent children living with you during the school year: _____ Ages of children: _____	
<small>I hereby declare that the information submitted on this application is true and accurate to the best of my knowledge and is subject to possible verification. I understand the submission of this application, and meeting minimum admission standards do not guarantee approval of my application, or admission into the program of my choice. I authorize Lakehead University to release my application and registration information to provincial and federal ministries to the extent required by law for statistical purposes and for the issuance of income tax receipts. The information on this form is collected under the authority of section 14 of the Lakehead University Act. The information is used for administration and statistical purposes of the University and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. Any inquiries about this collection may be directed to the Associate Registrar, Student Awards &amp; Financial Aid, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1, telephone: (807) 343-8500.</small>		
Student Signature:	Date:	
Please return the completed application form to Student Central or email to: Enrolment Services - Student Central    Email to <a href="mailto:awards.safa@lakeheadu.ca">awards.safa@lakeheadu.ca</a> Lakehead University    with the following subject heading: 955 Oliver Road    SHSM- [Last Name], [First Name] Thunder Bay ON P7B 5E1	<b>OFFICE USE ONLY</b> Enrolment Services - Student Awards & Financial Aid	