

WILL YOU BE RECEIVING FINANCIAL ASSISTANCE? YES NO		IF YES, PLEASE ENTER THE NAME OF THE PERSON(S) PROVIDING ASSISTANCE AND A DESCRIPTION OF THIS ASSISTANCE			
NAME		RELATIONSHIP TO YOU		COUNTRY OF RESIDENCE	
EMPLOYER NAME		POSITION TITLE		MONTHLY NET SALARY	
DESCRIPTION OF ASSISTANCE PROVIDED (e.g. monetary, shelter, food and other)					
NAME		RELATIONSHIP TO YOU		COUNTRY OF RESIDENCE	
EMPLOYER NAME		POSITION TITLE		MONTHLY NET SALARY	
DESCRIPTION OF ASSISTANCE PROVIDED (e.g. monetary, shelter, food and other)					
OTHER SOURCES OF REVENUE			AMOUNT		FREQUENCY
PERSONAL PROPERTY ASSETS (e.g. house, car, investment property and other)				APPROXIMATE TOTAL WORTH	
PREVIOUS STAY IN CANADA					
VISIT, STUDY OR WORK		START DATE (yyyy-mm)		END DATE (yyyy-mm)	
VISIT, STUDY OR WORK		START DATE (yyyy-mm)		END DATE (yyyy-mm)	
DESIRED STUDIES INFORMATION					
DIPLOMA LEVEL		STUDY PROGRAM		STUDY LANGUAGE	
START DATE (yyyy-mm-dd)		ESTIMATED END DATE (yyyy-mm-dd)		SCHOOL NAME	
AIM OF STUDY (plans after graduation)					
I CERTIFY THAT THIS INFORMATION IS TRUE					
SIGNATURE				DATE	