

SHASTRI ALBERTA STUDENTS IN INDIA (SASI) PROJECT APPLICATION FORM 2025-26

1.	Student's First Name	Last Name
	Date of Birth DD MM YY	Please indicate your gender I prefer not to answer
	Mailing Address:	Permanent Address:
	Tel/Cell number: Email:	
2.	Are you a Canadian Citizen or a Permanent Resident in Canada: Yes : No :	
3.	Applicant's Academic Information	
Are you a current student enrolled in one of the Alberta Post-Secondary Institutions mentioned in this link: (list of PSIs) Yes No		
Name of Academic Institution: Address of Academic Institution: Department:		
Area of Study/Discipline: Current study level/year Credential Sought (e.g. Certificate, Diploma, Degree, Post-Bachelor Certificate, etc.) Course Supervisor's Name		
Name of Referee: Referee Tel: Referee Email:		

e. Proof of Ancestry (for Indigenous Students): Please provide one of the following documents: a. A letter of affirmation from an Indigenous organization or community b. A letter of recommendation from an Indigenous community leader, elder, or mentor confirming Indigenous ancestry		
f. Proof of Financial Needs (for applicants facing financial challenges): To assess financial need, please submit any of the following documents: a. Statement of Income b. Tax Returns c. Letter from a Financial Aid Office		
9.	Applicant's Signature	Date: