

APPLICATION FORM: PASQUA FIRST NATION
POST SECONDARY STUDENT SUPPORT PROGRAM
GENERAL INFORMATION AND REQUIREMENTS:



DEADLINE DATES: JUNE 15TH FOR FALL SEMESTER
NOVEMBER 30TH FOR WINTER SEMESTER

ELIGIBILITY

1. Applicant must have a grade 12 or equivalent to grade 12.
2. The program must be at least eight months in duration.
3. The university or institution in a program of study must accept the student and the letter of acceptance must accompany this application.
4. Student must submit the enrollment form verifying they are enrolled in a minimum of 12 credit hours of study per semester.
5. The Pasqua First Nation education board will only consider a complete application eligible. See section D below.

TYPES OF ASSISTANCE

1. Tuition: As defined in the student handbook.
2. Books: Allowance based on full-time or part-time basis.
3. Education Rate: A rate set by the Pasqua First Nation Education Board for all students approved for full-time sponsorship under the post-secondary student support program.
4. Travel: A rate of \$45.00 as set by the Pasqua First Nation Education Board for all students approved for full-time sponsorship under the post-secondary student support program.
5. Emergency assistance based on individual circumstances.

LIMITS OF ASSISTANCE

1. A maximum amount of student months per student as outlined in the student handbook.
2. Emergency assistance based on individual circumstances.
3. Private and foreign institutions: as outlined in the student handbook.

COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:

1. A copy of your Grade 12, GED 12 or Adult 12 transcripts.
2. A copy of your Pasqua First Nation Treaty Card.
3. A copy of your acceptance letter from post-secondary institution.
4. A copy of your class registration.
5. A copy of your hospitalization Card.

PASQUA POST SECONDARY EDUCATION PROGRAM APPLICATION FORM

BOX #79 PASQUA, SASKATCHEWAN, S0G 5M0 PHONE: (306) 332-5697 FAX: (306) 332-5199

Privacy Act Statement

Information provided on this document is for the purpose of resourcing and administering post-secondary financial assistance. Personal information provided is protected under the privacy act.

IS THIS YOUR FIRST TIME APPLYING FOR FUNDING FROM THE POST-SECONDARY STUDENT SUPPORT PROGRAM? YES _____ NO _____

IF YOU ANSWERED NO TO THE ABOVE, PLEASE PROVIDE YEAR YOU RECEIVED YOUR LAST FUNDING:

ARE YOU APPLYING FOR FUNDING FROM OTHER AGENCIES: YES: _____ NO: _____

IF YOU ANSWERED YES, PLEASE INDICATE AGENCY: _____

POST-SECONDARY INSTITUTION ATTENDING: _____

ADDRESS: _____

PROGRAM OR COURSE OF STUDY: _____

SEMESTER: FALL _____ WINTER _____ INTERSESSION _____ SUMMER SCHOOL _____

PART A: STUDENT INFORMATION

NAME: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

OTHER: _____

SOCIAL INSURANCE NUMBER: _____

DATE OF BIRTH M/D/Y: ____/____/____

TREATY NUMBER: _____ (PLEASE PROVIDE COPY WITH APPLICATION)

NEXT OF KIN: NAME, ADDRESS AND PHONE NUMBERS:

*PLEASE NOTE: PASQUA FIRST NATION HAS THE RIGHT TO CONSULT WITH SOCIAL SERVICES, CANADA-SASKATCHEWAN INTEGRATED STUDENT LOANS PROGRAM AND OTHER FUNDING AGENCIES TO AVOID DOUBLE FUNDING SITUATIONS

PART B: EDUCATION AND TRAINING INFORMATION

SCHOOL/ TRAINING	NAME	LOCATION	PROGRAM COMPLETE YES/NO	YEAR COMPLETE	CERTIFICATE, DIPLOMA, DEGREE RECEIVED YES/NO
HIGH SCHOOL:					
COMMUNITY BASED PROGRAM:					
COMMUNITY COLLEGE PROGRAM:					
TECHNICAL INSTITUTE:					
PRIVATE INSTITUTE:					
UNIVERSITY:					
OTHER: (SPECIFY)					

PART C: ASSISTANCE REQUIRED

I AM APPLYING FOR ASSISTANCE FOR FUNDING TO ENROLL AT A POST-SECONDARY INSTITUTION AT WHICH I HAVE BEEN ACCEPTED: YES _____ NO _____ UNKNOWN _____

DOCUMENTATION ATTACHED: YES _____ NO _____

PLEASE CHECK ONE:

____ FULL SPONSORSHIP : LIVING AND BOOK ALLOWANCE, TRAVEL AND TUITION

____ PART-TIME SPONSORSHIP: BOOK ALLOWANCE AND TUITION ONLY

____ GRADUATE/MASTERS PROGRAM: BOOK ALLOWANCE AND TUITION ONLY

PART D: POST-SECONDARY INSTITUTION ATTENDING

UNIVERSITY ENTRANCE OR COLLEGE PREPARATION PROGRAM: _____	
UNIVERSITY: BACHELOR LEVEL _____	POST GRADUATE LEVEL: _____
TECHNICAL INSTITUTE: _____	COMMUNITY COLLEGE: _____
PRE-TECHNICAL INSTITUTE: _____	PRIVATE INSTITUTE/OTHER: _____

PART E: STUDENTS APPROVAL

_____ I HEREBY AUTHORIZE THAT THE ABOVE INFORMATION CONCERNING MY ACADEMICS BE RELEASED UPON REQUEST TO THE POST-SECONDARY STUDENT SUPPORT PROGRAM

_____ I WILL PROVIDE A TRANSCRIPT OF MARKS TO THE PASQUA POST-SECONDARY STUDENT SUPPORT PROGRAM AFTER EACH SEMESTER OF STUDY AND I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN THE SUSPENSION OF MY FUNDING.

_____ I ACCEPT RESPONSIBILITY FOR MEETING ACADEMIC REQUIREMENTS AND WILL KEEP THE POST-SECONDARY STUDENT SUPPORT PROGRAM INFORMED OF ANY CHANGES IN MY PERSONAL AND EDUCATIONAL CIRCUMSTANCES AND I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN THE SUSPENSION OF MY FUNDING.

_____ I UNDERSTAND THAT FAILURE TO REPORT ANY OTHER FUNDING MAY RESULT IN OVERPAYMENT (FRAUD) AND WILL AFFECT ANY FUTURE APPLICATIONS.

_____ I AUTHORIZE THE EDUCATION COORDINATOR TO GAIN INFORMATION FROM OTHER FUNDING AGENCIES TO AVOID DOUBLE FUNDING AGENCIES.

STUDENT SIGNATURE: _____

DATE: _____