

DATE RECEIVED: _____

NEW APPLICANT FORM

DEADLINE DATES: JUNE 30TH FOR FALL SEMESTER

NOVEMBER 15TH FOR WINTER SEMESTER

ELIGIBILITY

1. The student must be a registered member of the Pasqua First Nation #79
2. The student must be accepted for enrollment in a recognized post-secondary institution
3. The program must be at least eight months in duration and lead to a recognized certificate, diploma, degree or journeyman

TYPES OF ASSISTANCE

1. Tuition: As defined in the Pasqua Post-Secondary Student Support Program (PSSSP)
2. Books: As defined in the PSSSP
3. Student Support: A rate set by the Pasqua First Nation Education Committee for all students approved for full-time sponsorship under the PSSSP

LIMITS OF ASSISTANCE

1. Full-Time students are sponsored up to a maximum amount of 48 student months as outlined in the PSSSP
2. Private and foreign institutions: Only recognized institutions will be considered

COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:

1. A copy of your class registration
2. A copy of your Pasqua First Nation Treaty Card
3. A copy of your grade 12, GED 12 or Adult 12 transcripts
4. A copy of your acceptance letter from post-secondary institution
5. A statement of your future career goals in Section E

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BOX 79 PASQUA, SASKATCHEWAN, S0G 5M0 PHONE: (306) 332-5199 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 under the privacy act.

IS THIS YOUR FIRST TIME APPLY FOR FUNDING FROM THE PASQUA POST-SECONDARY STUDENT SUPPORT PROGRAM? YES___ NO___

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

ARE YOU APPLYING FOR FUNDING FROM ANY OTHER AGENCIES? YES___ NO___

IF YOU ANSWERED YES, PLEASE SPECIFY WHICH AGENCY: _____

PART A: STUDENT INFORMATION

NAME: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

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 INTERGRATED STUDENT LOANS PROGRAM AND OTHER FUNDING AGENCIES TO AVOID DOUBLE FUNDING SITUATIONS**

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PART B: EDUCATION AND TRAINING INFORMATION

SCHOOL/ TRAINING	NAME	LOCATION	PROGRAM COMPLET E YES/NO	YEAR COMPLET E	CERTIFICA TE, DIPLOMA, DEGREE RECEIVED YES/NO
HIGH SCHOOL:					
COMMUNITY BASED PROGRAM:					
REGIONAL 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
PLEASE CHECK ONE:

_____ FULL-TIME SPONSORSHIP: LIVING, BOOK ALLOWANCE AND TUITION
_____ PART-TIME SPONSORSHIP: BOOK ALLOWANCE AND TUITION
_____ GRADUATE/MASTERS PROGRAM: BOOK ALLOWANCE AND TUITION ONLY

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PART F: STUDENT APPROVAL

____ I WILL PROVIDE A TRANSCRIPT OF MARKS TO THE PSSSP AFTER EACH SEMESTER OF STUDY AND I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN THE SUSPENSION OF MY FUNDING

____ I ACCEPT THE TERMS AND CONDITIONS FOR MEETING ACADEMIC REQUIREMENTS AND WILL KEEP THE PSSSP 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 FUTURE APPLICATIONS

____ I HEREBY CONSENT THAT THE ABOVE INFORMATION IS ACCURATE AND ANY REQUESTED INFORMATION OR DOCUMENTATION REGARDING MY EDUCATION WILL BE RELEASED UPON REQUEST TO THE PSSSP

____ I HEREBY ALLOW THE POST-SECONDARY COORDINATOR TO ACCESS INFORMATION FROM MY INSTITUTION REGARDING MARKS, ABSENCES, WITHDRAWALS, CHANGE OF PROGRAMS AND OTHER FUNDING AGENCIES

STUDENT SIGNATURE: _____ DATE: _____