



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. Students 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 support program.
4. Travel: A rate of \$45.00 as set by the Pasqua First Nation Education Board for all the students approved for full-time sponsorship under the post-secondary student 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 FIRST NATION

PASQUA POST SECONDARY EDUCATION PROGRAM APPLICATION FORM

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 POST SECONDARY STUDENT SUPPORT PROGRAM?

YES ___ NO ___

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

ARE YOU APPLYING FOR FUNDING FROM OTHER AGENCIES? YES ___ NO ___

IF YOU ANSWERED YES, PLEASE INDICATE WHICH 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 _____ EMAIL ADDRESS: _____

SOCIAL INSURANCE NUMBER: _____ MARITAL STATUS: _____

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

TREATY NUMBER: _____ (PLEASE PROVIDE COPY WITH APPLICATION)

NUMBER OF DEPENDENTS UNDER THE AGE OF 18: (PLEASE INCLUDE NAME, AGE AND RELATIONSHIP)

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



Pasqua FIRST NATION

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

_____ GRADUATE/MASTERS PROGRAM: BOOK ALLOWANCE AND TUITION ONLY



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PART D: POST-SECONDARY INSTITUTION ATTENDING

UNIVERSITY ENTRANCE OR COLLEGE PREPARTION PROGRAM:

UNIVERSITY: BACHELOR LEVEL _____ POST GRADUATE LEVEL: _____

TECHNICAL INSTITUTE: _____ COMMUNITY COLLEGE: _____

PRE-TECHNICAL INSTITUTE: _____ PRIVATE INSTITUTE/OTHER: _____

PART E: STUDENT 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 ACEDEMIC REQUIREMENTS AND WILL KEEP THE POST-SECONDARY 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 FUTURE APPLICATIONS.

_____ I AUTHORIZE THE EDUCATION COORDINATOR TO GAIN INFORMATION FROM MY SCHOOL REGARDING MARKS, ABSENCES, WITHDRAWALS AND CHANGE OF PROGRAMS ETC. AND OTHER FUNDING AGENCIES.

STUDENT SIGNATURE: _____ DATE: _____