



POST SECONDARY STUDENT SUPPORT PROGRAM

KIHEW WACISTON

Box 340 Phone: (306) 344-2525
Onion Lake, Saskatchewan Fax: (306) 344-2559
S0M 2E0

APPLICATION FOR POST SECONDARY EDUCATIONAL ASSISTANCE

PRIVACY ACT STATEMENT

The information you provide on this document is for the purpose of administering post secondary financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT.

PERSONAL INFORMATION

Name: _____
Surname First Middle Name/Initial(s)

Treaty #: _____ Date of Birth: _____
Day Month Year

Social Insurance Number: ____/____/____

CURRENT ADDRESS

Apt. # / Street / or Box # (please include your house # if you reside in Onion Lake)

Town/City Province/State Postal/Zip Code

Telephone: (____) _____ (____) _____

E-Mail Address: _____

IN CASE OF AN EMERGENCY

Next of Kin: _____

Address: _____

Telephone: (____) _____ (____) _____

CURRENT INSTITUTION AND PROGRAM

FULL TIME: ☐

PART TIME: ☐

Institution/Location

Program of study

Length of program

Months/Years

Start date

Completion date

Tuition cost

Book cost

Include acceptance letter and high school or other transcripts

3) EDUCATIONAL GOALS

Write a statement of your educational goals and why you should be considered for post-secondary education funding:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

4) **EDUCATION HISTORY**

	Institution	Certificate/Diploma /Degree	Year completed	Funded by
Adult Upgrading				
Regular High School				
Post-Secondary				
Post-Secondary				
Post-Secondary				

Were you ever required to discontinue a program? YES _____ NO _____

Name of program: _____ Indicate year: _____

State reason for being required to discontinue:

Were you ever suspended from a program? YES _____ NO _____

Name of program: _____ Indicate year: _____

State reason for suspension:

Did you ever withdraw from a program? YES _____ NO _____

Name of program: _____ Indicate year: _____

State reason for withdrawal (requested by institution / health reasons / personal):

5) **FAMILY INFORMATION**

Your family status: SINGLE: _____ MARRIED: _____ COMMON- LAW: _____

Spouse's name (if applicable): _____

Is spouse a student? _____ Is spouse employed? _____

Dependants:	Name	Relationship
1.	_____	_____
	D.O.B: _____	Treaty #: _____
2.	_____	_____
	D.O.B: _____	Treaty #: _____
3.	_____	_____
	D.O.B: _____	Treaty #: _____
4.	_____	_____
	D.O.B: _____	Treaty #: _____
5.	_____	_____
	D.O.B: _____	Treaty #: _____

Please include a copy of CTB indicating child(ren) under your care

FORM 2 STUDENT RESPONSIBILITY CONTRACT

Modified 03

All Onion Lake Cree Nation Post Secondary students have a responsibility to:

- ensure all necessary documentation accompanies the application form for the post-secondary institution
- make application to the Onion Lake Post Secondary Department by the deadline date as prescribed in Policy 103.
- notify the Post Secondary Department of any changes in academic status such as withdrawals, and course changes. Misrepresentation of academic or personal status will result in termination of funding.
- demonstrate their highest commitment to achievement in their studies and to conduct themselves so that no dishonor befalls themselves or the Onion Lake Cree Nation.
- express any concerns that they may have to the Post Secondary Department.
- provide their midterm and final marks to the Post Secondary Department at the end of each term. Failure to do so will result in disqualification of funding.

I have received a copy of the Post Secondary Policy Manual

Student Signature

Date

FORM 3**DIRECT DEPOSIT INFORMATION**

Name of Banking Institution _____

Address: _____
Street / or box # City Province Postal Code

Transit #: _____

Institution #: _____

Account #: _____

Type of account (i.e. savings/chequing): _____

Please ensure that all the information you have provided is accurate for a savings account and provide a void cheque for chequing accounts to be kept on file

I HEREBY AUTHORIZE THE UNION LAKE CREE NATION POST SECONDARY PROGRAM TO DIRECTLY DEPOSIT MY STUDENT ALLOWANCE BENEFITS INTO THE ABOVE-NOTED ACCOUNT

Signature_____
Date**PRIVACY ACT STATEMENT**

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Include a void blank cheque if available or direct deposit form from your bank

FORM 4**RELEASE AUTHORIZATION**

Completion of student release forms is **COMPULSORY** in order for application to be considered for post-secondary education funding.

STUDENT'S RELEASE OF AUTHORIZATION: STUDENT'S FILE COPY

I hereby authorize that all information concerning my academics, attendance, and class registration may be released upon request to the Onion Lake Cree Nation Post Secondary Program.

STUDENT'S NAME (please print): _____

STUDENT'S SIGNATURE: _____

DATE: _____ STUDENT #: _____

INSTITUTION: _____

STUDENT'S RELEASE OF AUTHORIZATION: INSTITUTE'S FILE COPY

I hereby authorize that all information concerning my academics, attendance, and class registration may be released upon request to the Onion Lake Cree Nation Post Secondary Program.

STUDENT'S NAME (please print): _____

STUDENT'S SIGNATURE: _____

DATE: _____ STUDENT #: _____

INSTITUTION: _____