



POST SECONDARY STUDENT SUPPORT PROGRAM

KIHEW WACISTON

Box 340
Onion Lake, Saskatchewan
S0M 2E0

Phone: (306) 344-2525
Fax: (306) 344-2559

APPLICATION FOR CONTINUING POST SECONDARY STUDENTS

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 _____

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: (_____) _____ (_____) _____

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 #: _____

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

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 FIRST 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 FIRST NATION Post Secondary Program.

STUDENT'S NAME (please print): _____

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INSTITUTION: _____