

Appendix B – APPLICATION

APPLICATION FORM FOR POST SECONDARY EDUCATIONAL ASSISTANCE

**Wood Mountain Lakota First Nation Post Secondary Program
P.O. Box 1792
Assiniboia, Saskatchewan
S0H 0B0**

**Post Secondary (306) 266-2039
Post Secondary Counsellor (306) 266-2039
Fax Number: (306) 266-2024
Email: wmlakota@sasktel.net**

**“Let us put our minds together and see what life can make for our
children.”**

Chief Sitting Bull

**POST SECONDARY STUDENT PROGRAM
APPLICATION FORM**

Privacy Act Statement

**The information you provide on this document is for the purpose of
administering post secondary student financial assistance.
Personal information that you provide is protected under the provision
of the Privacy Act.**

****PLEASE PRINT NEATLY AND COMPLETE ALL REQUIRED
INFORMATION****

DATE OF APPLICATION: _____
ACADEMIC TERM: _____
FULL TIME: _____

PERSONAL INFORMATION

NAME:

(Surname) (First) (Middle)

MAIDEN NAME (IF APPLICABLE)

E-Mail:

TELEPHONE:

TREATY NUMBER: _____

Date of Birth ____/____/____
 D M Y

SOCIAL INSURANCE NUMBER:

CURRENT ADDRESS:

TOWN/CITY:

POSTAL/ZIP CODE:

COUNTRY:

DEPENDENTS (attach separate piece of paper for additional dependent):

NAME: _____

D.O.B. (M/D/Y): _____

SCHOOL ATTEND: _____

TOWN/CITY:

EMERGENCY CONTACT

NAME:

ADDRESS:

TOWN/CITY:

PROV/STATE:

PHONE NUMBER:

ACADEMIC INFORMATION

INSTITUTE YOU ARE PLANNING TO ATTEND:

STUDENT NUMBER:

NAME OF PROGRAM:

CREDITS TOTAL: _____

COURSES _____
PLEASE CHECK OFF YOUR STANDING (Year of Study you are entering) AT THE TIME OF APPLICATION ON THIS FORM.

YEAR: 1 _____ **2** _____ **3** _____ **GRADUATE LEVEL** _____

THE FUNDING PERIOD START DATE: _____

END DATE _____

DOCUMENTATION REQUIRED – see CHECKLIST

PLEASE SEND THIS APPLICATION AND ALL DOCUMENTATION LISTED IN THE CHECKLIST TO OUR OFFICE AT:

WOOD MOUNTAIN LAKOTA FIRST NATION

P.O. BOX 1792

ASSINIBOIA, SASK.

SOH 0B0

FAX: (306) 266-2024

wmlakota@sasktel.net

STUDENTS NEED TO ALLOW SUFFICIENT TIME FOR CANADA POST TO DELIVER YOUR APPLICATION BEFORE THE DEADLINE DATE, PLEASE

**CALL TO CONFIRM THAT APPLICATION HAS BEEN RECEIVED – WHETHER
FAXED OR MAILED
TOLL FREE #: 1-855-202-2042**

**IF APPLICATION IS NOT RECEIVED BEFORE THE DEADLINE DATE, IT IS
ASSUMED THAT FUNDING IS NO LONGER REQUIRED, AND THE STUDENT'S
NAME WILL BE DELETED FROM FUNDING LIST FOR THE NEXT TERM.**

**** STUDENTS MUST RE-APPLY BEFORE THE DEADLINE DATE AFTER EACH
TERM FOR CONTINUED FUNDING****

Appendix C

EXIT/WITHDRAWAL FORM

STUDENT AUTHORIZATION TO RELEASE INFORMATION

STUDENT MONTHLY DECLARATION FORM

CHECKLIST

- ✓ Completed and signed application form
- ✓ Educational and goal essay that describes your educational goals including:
 - your plans for the current academic year;
 - level of education;
 - program of studies;
 - connections your program of studies has to the labour market; and
 - how long it will take to complete your program of studies
- ✓ Transcript of most recent marks from either a secondary or post secondary institution
- ✓ A copy of the institution's completed registration form
- ✓ A copy of a letter of acceptance
- ✓ Photocopy of the front and back of current Indian Status card
- ✓ Signed statutory declaration, including:
 - official documentation from Revenue Canada stating the applicant is receiving Child Tax Benefits for the claimed dependent(s);
 - marital status; and
 - whether, if applicable, the spouse is employed or qualifies as a dependent spouse.

STUDENT AUTHORIZATION TO RELEASE INFORMATION

STUDENTS APPROVAL: FILES

I HEREBY AUTHORIZE THAT ALL PERTINENT ACADEMIC AND PERFORMANCE INFORMATION BE RELEASED TO WOOD MOUNTAIN LAKOTA FIRST NATION'S POST SECONDARY COUNSELLOR UPON REQUEST:

STUDENTS NAME: (PLEASE PRINT)

Fax: (306) 266-2024

INSTITUTE: _____

TERM _____ **STUDENT #** _____

STUDENTS SIGNATURE:

DATE: _____

STUDENTS APPROVAL (TO BE SENT TO INSTITUTE)

I HEREBY AUTHORIZE THAT ALL PERTINENT ACADEMIC AND PERFORMANCE INFORMATION BE RELEASED TO WOOD MOUNTAIN LAKOTA FIRST NATION'S POST SECONDARY PROGRAM UPON REQUEST.

STUDENTS NAME: (PLEASE PRINT)

INSTITUTE: _____

TERM: _____ **STUDENT #** _____

STUDENTS SIGNATURE

DATE: _____

**Wood Mountain Lakota Nation Post Secondary Program
P.O. Box 1792, Assiniboia, Saskatchewan S0H 0B0
Phone: (306) 266-2039**

MONTHLY STUDENT DECLARATION FORM

I declare that the information provided by me on the application form is complete and correct, and the following information is given in order to substantiate my entitlement for continued sponsorship under the Wood Mountain Lakota First Nation PSSSP.

I hereby inform the Post Secondary Counsellor that there are **NO CHANGES** to my residence, dependents, marital status, program of study, and that I am not in academic difficulties.

OR

I hereby inform the Post Secondary Counsellor that there **ARE CHANGES** to my:

- Residence: _____
- Dependents: _____
- Marital status: _____
- Program of study: _____
- Academic difficulties encountered: _____

I hereby give permission to the Wood Mountain Lakota First Nation Post Secondary Student Support Program to verify or confirm with any source the correctness and accuracy of the information contained in this declaration form.

DATE: _____

STUDENT NAME (Please print): _____

SIGNATURE: _____