

Post-Secondary New Application Checklist

Dear Applicant,

Before your application form will be considered or approved for funding, all requested information on the application form must be provided. The items on this checklist must also be provided along with your application form. You can check off the required documents as you process your application to ensure your package is complete.

- ~~\$5 Application Fee Required~~
- Letter of Acceptance and/or Confirmation of Registration from a Recognized or Accredited Public or Private Institution you will be attending.
- Fees Assessment schedule (which you will receive once you have registered in all your courses)
- Course Outline/Schedule (which states all courses you will be registered in). Program plans can also be submitted.
- For first time applicants, high school transcripts are required.
- Career Investigation Report
- 2 Character Reference Forms
- Photocopy of Treaty Status Card and/or Band Membership Card.
- Student to submit Waiver Form for Authorization of Release of Pertinent Information from the Post-Secondary Institution.
- For students wishing to claim dependent children, a photocopy of Provincial Health Care Card.

Sponsorship Application Deadline Dates:

Fall Term (September) – **June 15**

Winter Term (January) – **November 15**

Spring Term (May/June) – **March 15 (third & fourth year students)**

Summer Term (July/August) – **May 30 (third & fourth year students)**

CAREER INVESTIGATION REPORT

Ermineskin Education Trust Fund

Post-Secondary and Continuing Education Programs

Dear Applicant (New, UCEP, & Cont. Ed. Applicants only):

It is highly recommended that you fully complete the following Career Investigation Report. You are advised to submit your report at the time of application. Please note the completion of your report will assist the selections committee in assessing eligibility.

If you need assistance or more information, please do not hesitate to contact the EETF office.

Purpose:

- To assist the students, to become aware of their personal and career goals.
- To assist the applicant in assessing their interest in education and career.
- To allow EETF to advise students/applicants on the appropriate career/education paths.

Office use only

Date Received: _____

(Please complete all questions as much as possible)

Name: _____ Date: _____

Occupational Goal: _____

YOU AND THE OCCUPATION

1. Why do you think this occupation is suitable/appropriate for you?
(Why did you choose this occupation?)

2. What special qualities/strengths/talents do you possess, that makes you suitable for this type of work?

3. Do you have any health problems that would affect your ability to do this type of work? YES _____ NO _____

If yes, what are they? _____

OCCUPATIONAL INFORMATION

1. What do people in this occupation actually do in a job? (Typical duties)

a) _____

b) _____

EDUCATIONAL INFORMATION

1. What specific training or education requirements are needed to work in this field?
i.e. diploma, certificate, journeyman ticket, degree. (Name of Program) _____

2. Now that you are starting your education/career path, what is the next step after you complete upgrading?

EMPLOYMENT INFORMATION

1. Name two companies/employers (in our area or in Alberta) who hire people who have this training.

a) _____

b) _____

2. Name two related occupations (other occupations you could do similar work).

a). _____

b) _____

3. What opportunities do you see for self-employment in this field? (Free lancing, consulting, starting your own business)

(To be completed by Person(s) giving the reference – NOT by applicant)

E.E.T.F. Post Secondary/Adult Education
CHARACTER REFERENCE

Potential Applicant: _____ Band No. _____

The individual named above is applying for one of our funding programs at the Ermineskin Education Trust Fund.

Post Secondary _____ Adult Literacy _____ Continuing Education _____

Please provide a character reference for the applicant on the following:

1. Dependable/Attendance:

2. Attitude towards work/school:

3. Knowledge of potential students educational goal(s):

4. Commitment to employer/classes:

Your name: _____

Phone No.: _____

Relationship to applicant: _____

***Cannot be an immediate relation to applicant.**

Thank you for your assistance.

(To be completed by Person(s) giving the reference – NOT by applicant)

E.E.T.F. Post Secondary/Adult Education
CHARACTER REFERENCE

Potential Applicant: _____ Band No. _____

The individual named above is applying for one of our funding programs at the Ermineskin Education Trust Fund.

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Your name: _____

Phone No.: _____

Relationship to applicant: _____

***Cannot be an immediate relation to applicant.**

Thank you for your assistance.



ERMINESKIN EDUCATION

BOX 219, MASKWACIS, ALBERTA T0C 1N0
(780) 585-4006, 585-4007
TOLL FREE 1-800-585-3941 FAX (780) 585-2006

AUTHORIZATION FOR RELEASE OF INFORMATION

To: _____
(Name of Educational Institution)

I, _____ of _____
(Print Name) (Address)

authorize the release of any academic information concerning me to **ERMINESKIN EDUCATION**.

The information to which the **ERMINESKIN EDUCATION** is authorized to obtain includes, but is not limited to, the following:

1. Official transcripts of my grades;
2. My attendance records;
3. Random progress updates;
4. Details to my course of study including specific courses being taken and class schedules;
5. Information as to my current address and any changes;
6. Copies of any notices, advice or direction regarding my ongoing status as a student.

I acknowledge that this is an Irrevocable Consent which the Ermineskin Education may present to

_____ at any time.
(Name of Educational Institution)

This consent may not be withdrawn by me for so long as I remain enrolled as a student at

(Name of Educational Institution)

Signature of Applicant

Date

Witness

Name (print)