



POST SECONDARY STUDENT SUPPORT PROGRAM FUNDING APPLICATION

Section A: Student Identifier		Priority No: _____
1) <input type="checkbox"/> New Student <input type="checkbox"/> Continuing <input type="checkbox"/> Returning	2) Funding Period ___ Fall ___ Winter ___ Spring ___ Summer	3) Application Date Day/ Month/ Year/
4) Band:		Band Number:

Section B: Student Information		
5) Surname:	6) Given Name(s):	7) Date of Birth: Day/ Month/ Year/
8) Address:		City/Town:
Province:		Postal Code:
9) Home Phone:	Cell Phone:	Work Phone/Other:
10) Email Address:		11) Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
12) Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Circle one: Full Time Part Time # of Hours working per Month: _____		
NAME AND TELEPHONE # OF EMPLOYER: _____		
13) Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common - Law <input type="checkbox"/> Separated/Divorced	14) Dependent Children Names & Ages (under the age of 18): _____ _____ _____ _____	

Section C: Education Plan		
15) Attendance: <input type="checkbox"/> Full - Time <input type="checkbox"/> Part - Time	16) Program Type: <input type="checkbox"/> College (Diploma, Certificate) <input type="checkbox"/> Undergraduate (Degree) <input type="checkbox"/> Graduate (MA, PhD) <input type="checkbox"/> Professional (LLB, CPA)	17) Program Name: Acceptance Letter Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
18) Institution:		Location:
19) Length of Program: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Other _____		
20) Year of Study:	21) Completion Year (i.e. 2012)	22) Previously Funded by P.S.S.S.P.: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Conditions for Educational Assistance

23) I hereby authorize the Ermineskin Education Trust Fund to obtain any information necessary to verify the contents as provided in this application. I hereby agree to the following: (READ AND INITIAL)

- 1. To become familiar with the assistance limitations under the P.S.S.S.P. Policy and Guidelines.
- 2. To meet the standards required by the institution for continuation of sponsorship.
- 3. To provide transcripts or statements of performance at the end of each semester to the Post-Secondary Coordinator to ensure continuation of sponsorship.
- 4. To report any changes to my student and/or program status promptly.
- 5. To manage my education and funding to the best of my ability.

Student Signature: _____ Date: _____

24) Comments:

Post-Secondary Coordinator Signature: _____ Date: _____

Section E: Authorization (for Office Use Only)

25)
 Authorizing Signature: _____ Date: _____
 Title: _____

Section F: Estimated Costs

26) Fiscal Year	20		20	
Tuition & Fees				
Text Books				
Total Instruction:				

Living Allowance				
Total Costs:				

27) Student Months

<input type="checkbox"/> Term 1				
<input type="checkbox"/> Term 2				
<input type="checkbox"/> Spring <input type="checkbox"/> Summer				

(For Office Use Only)

Attachments:

- Proof of Tribal Membership
- Letter of Acceptance
- High School Transcript
- Fees Assessment Schedule
- Course Outline/Schedule
- Waiver Form from Post-Secondary Institution
- Dependency Information