| **Section A: Student Identifier Priority Number:** |
| --- |

| * New Student * Continuing * Returning | ***Funding Period:***   * Fall * Winter * Spring * Summer | ***Application Date:***  Day/ Month/ Year/ |
| --- | --- | --- |

| Band: Band Number: |
| --- |

| **Section B: Student Information** |
| --- |

| Surname: | Given Name(s): | Date of Birth: Day/ Month/ Year/ |
| --- | --- | --- |

| Address: City/Town: |
| --- |
| Province: Postal Code: |
| Home Phone: Cell Phone: Work Phone/Other: |

| Email Address: | Gender:   * Male * Female |
| --- | --- |

| * Unemployed * Employed Full-Time or Part Time :   # of Hours working per month:  Name and Telephone of Employer: |
| --- |

| Marital Status:   * Single * Married * Common-Law * Seperated/Divorced | Dependant Children Names and Ages (under the age of 18): |
| --- | --- |

| **Section C: Education Plan** |
| --- |

| Attendance:   * Full - Time * Part - Time | Program Type:   * College (Diploma,Certificate) * Undergraduate (Degree) * Graduate: (MA, PhD) * Professional (LLB, CPA) | Program Name:  Acceptance Letter Attached:   * Yes * No |
| --- | --- | --- |

| Institution: Location: |
| --- |

| Length of Program:  \_\_\_Year 1 \_\_\_Year 2 \_\_\_Year 3 \_\_\_Year 4 \_\_\_Year 5 \_\_\_Other:\_\_\_\_\_\_\_\_ |
| --- |

| Year of Study: | Completion Year: | Previously Funded by P.S.S.S.P:   * Yes * No |
| --- | --- | --- |

| **Section D: Conditions for Educational Assistance** |
| --- |

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

* 1. To become familiar with the assistance limitation under the P.S.S.S.P. Policy and Guidelines
* 2. To meet the standards required by the institution for the continuation of sponsorship
* 3. To provide transcripts or statements of performance at the end of the semester of the Post-Secondary Coordinator to ensure the 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:

| Comments: |
| --- |

Post-Secondary Coordinator Signature: Date:

| **Section E: Authorization (for Office use ONLY)** |
| --- |

Authorizing Signature: Date:

Title:

| **Section F: Estimated Costs** |
| --- |

| Fiscal Year: | 20 |  | 20 |  |
| --- | --- | --- | --- | --- |
| Tuition & Fees: |  |  |  |  |
| Text Books: |  |  |  |  |
| **Total Instruction:** |  |  |  |  |
| Living Allowance: |  |  |  |  |
| Total |  |  |  |  |

| Student Months: |
| --- |

| * Term 1 * Term 2 |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Summer * Spring |  |  |  |  |

Attachments:  
(Office Use Only)

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