

Post-Secondary Continuing Application Check List

Dear Applicant,

Before your application form will be considered for approval or 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 below as you process your application to ensure your package is complete.

-
- \$5.00 Application Fee
 - 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 for all your courses)
 - Course Outline/Schedule (which states all the courses you will be registered in (program plans are also acceptable)
 - Official Transcripts from previous Post Secondary Institution attended
 - Photocopy of Treaty Status Card and/or Band Membership Card
 - 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 Deadlines:

Fall Term (September): **June 15th**

Winter Term (January): **November 15th**

Spring Term (May/June): **March 15th (3rd and 4th Year Students)**

Summer Term (July/August): **May 30th (3rd and 4th Year Students)**



ERMINESKIN EDUCATION
Box 219, Makswacis Alberta T0C1N0
(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 TRUST FUND DEPARTMENT.

The information to which the ERMINESKIN EDUCATION TRUST FUND DEPARTMENT 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 reports;
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This consent may not be withdrawn by me for so long as I remain as a student at

(Name of Educational Institution)

Signature of Applicant Date

Witness Name(print)