

Post Secondary New Application Checklist

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.

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- \$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)
 - Highschool Transcripts
 - Career Investigation Report
 - Two(2) Character Reference Forms
 - 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)**

Career Investigation Report

Ermineskin Education Trust Fund Post Secondary and Continuing Education Programs

Dear Applicant (New, UCEP, & Continuing Education 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 Ermineskin Education Trust Fund Office.

Purpose:

- To assist the students, to become aware of their personal and career goals
- To assist the applicants in assessing their interest in education and career
- To allow Ermineskin Education Trust Fund 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. What do you think this occupation is suitable/appropriate for you?

2. What special qualities/strengths/talents do you possess, that make 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 do in the job? (Typical duties)

a)

b)

c)

d)

Educational Information

1. What specific training or education requirements are needed to work in this field? I.e.; Diploma, certificate, journeyman tickets, degree, etc. (Name the 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 what 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? (Freelancing, consulting, starting your own business)

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

Ermineskin Education Trust Fund Post Secondary/Adult Education Character Reference

Potential Applicant:

Band Number:

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

Post Secondary

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 Number:

Email:

Relationship to applicant:

*Cannot be an immediate relation to the applicant

Thank you for your assistance.

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

Ermineskin Education Trust Fund Post Secondary/Adult Education Character Reference

Potential Applicant:

Band Number:

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

Post Secondary

Adult Literacy

Continuing Education

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

5. Dependable/Attendance:

6. Attitude towards work/school:

7. Knowledge of potential students' educational goal(s)

8. Commitment to employer/classes:

Your Name:

Phone Number:

Email:

Relationship to applicant:

*Cannot be an immediate relation to the applicant

Thank you for your assistance.



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)