

Ahtahkakoop Post Secondary Student Support Program

Box 190, Shell Lake, Saskatchewan S0J 2G0

Phone: (306) 468-2100 Fax: (306) 468-2275 Toll Free: 1-800-268-6222

Email: postsec2011@gmail.com

Website: www.ahtahkakoop.ca



APPLICATION FORM FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

Revised July 13, 2011

AHTAHKAKOOP CREE NATION

AHTAHKAKOOP RESERVE # 104



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Saskatchewan, S0J 2G0
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Dear Applicant:

Enclosed please find an application form and other related Post-Secondary Assistance forms from Ahtahkakoop Band.

You should keep in mind the deadline dates for funding for both student allowance and tuition/books. They are as follows:

- June 30th – fall classes that start in September.
- October 31st – winter classes that start in January,
- March 31st – intersession (May/June)
- May 31st – summer session (July/August)

You may not be approved due to budget restraints, and in that case your application will be deferred until next intake. You can also be denied on the basis you missed deadline dates and haven't submitted all proper documentation.

The Post Secondary Student Support program will not be responsible for tracking down students interim and final grades. It is the responsibility of the student to gather all required information and hand it in on or before the deadline dates.

Respectfully yours,

Pearl Vandall
Post Secondary Coordinator
Ahtahkakoop Cree Nation

(Revised: July 13, 2011)

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Dear Applicant:

This letter is to inform you that along with your funding form there are some requirements also needed to be met. The deadline date for funding are as follows: **June 30th for fall classes, October 31st for winter classes, March 31st for Intersession, and May 31st for Summer session (July/August)**, after which time the Ahtahkakoop Post Secondary Board will select the students that will be approved for funding.

If you have already included the necessary documentation with your application form, you should do so as soon as possible. The necessary documentation required is as follows:

1. Complete Funding Form
2. Treaty Status Card
3. Health cards of yourself and any other dependants (if applicable)
4. Transcripts of marks from previous academic year(s) (if applicable)
5. Letter of Acceptance
6. Student release form
7. Banking information – (Transit No.#, Account No.#, and name / place of your Bank)

It is very important to get all the proper documentation to the Post Secondary office before the mentioned deadline dates.

It is your responsibility to inform the Post Secondary office of any changes in your address, banking, changes of discipline, and dependants.

You can contact me if you have any questions/concerns at the numbers above anytime Monday to Friday between the hours of 8:00 am – 4:00 pm.

We would like to wish you the best in your educational endeavours.

Respectfully yours,

Pearl Vandall
Post Secondary Coordinator

Revised: July 13, 2011

APPLICATION FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

General Information and Requirements:

A. Eligibility:

1. Student may be required to have Gr. XII or GED XII depending on Program/Institution.
2. Program/Course must not be less than eight months duration.
3. Student must have met university or college entrance requirements and have been enrolled or accepted for enrolment in a post-secondary institution for a program of studies.
4. Student's application will be approved to the limit of funds available to the Ahtahkakoop Band – If assistance for the number of eligible applicants exceeds the budget, applications will be deferred according to the rules set out in each administering organization's operations guidelines.

B. Types of assistance:

1. Tuition: includes student's fees for registration, tuition and the cost of books and supplies that are listed as required by the post-secondary institution.
2. Assistance for Living Expenses: allowance to help cover student's living expenses will be provided at a rate not to exceed the department's current established maximum levels. Where the student attends a foreign institution these amounts will not exceed the maximum levels in Canadian dollars.
3. Part-time Students: may receive assistance for tuition and the cost of books and supplies as noted above which are listed as required by the post-secondary institution.
4. Students will be allowed regular bus fare rates in case of transportation costs twice a year.

C. Limits of assistance:

Assistance will be provided for five levels of post-secondary education:

- | | |
|-----------|--|
| Level I | – Community College and diploma or certificate programs. |
| Level II | – Undergraduate Programs. |
| Level III | – Master, Post Graduate Programs. |
| Level IV | – Ph.D. |

⇒ **PLEASE PRINT**

<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p>The information you provide on this document is for the purpose of resourcing and administering post-secondary student financial assistance. Personal information that you provide is protected under the provisions of the PRIVACY ACT.</p>	<p>FIRST APPLICATION SUBMITTED POST-SECONDARY/PROGRAM</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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PART A ⇒ BASIC STUDENT INFORMATION

Name: Last	First	Middle (INT.)	S.I.N.
Current Address:		Postal Code:	Tel. No.
Home/Permanent Address:		Postal Code:	Tel. No.
SEX <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single Parent		
Date of Birth:	Usually Live: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> Bill C-31		Treaty No.
Name of Next of Kin:	Address:	Postal Code:	Tel. No.
Relationship to Next of Kin: i.e. Mother, Father		Grandparents Names & Band: Maternal: Paternal:	

PART B ⇒ PREVIOUS EDUCATION AND TRAINING

School/Training	Name	Location	Program Completed		Calendar Year Completed	Certificate Diploma Received
			YES	NO		
1. Secondary (High School)						
2. Community College						
3. Technical Institute						
4. Private						
5. University						
6. Other (Specify)						

PART C ⇒ FAMILY STATUS (please fill out all information, if spouse is employed or not)

Spouse's Name:	S.I.N.:	Birth Date:	
Spouse Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO → <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> other (explain):			
IF employed please state where (company name and address information):			
If spouse is not residing with you explain why? (Separated, etc.):			
I do hereby authorize the Post Secondary Coordinator or any other authorized person within this department to release this information when needed. All information will be kept in strict confidence.			
Spouse's Signature:		Date:	
List your dependants, their ages, and if they are residing with you:			
Name	Age (D.O.B.) (Children)	Does he/she reside with you?	When Does dependant Turn 18 years of age?

PART D ⇒ ASSISTANCE REQUIRED

I apply for financial assistance to enrol in a post-secondary program at an institution for which I have been accepted. Initials:		Application Date:
Educational assistance category: <input type="checkbox"/> Post-secondary		<input type="checkbox"/> Tuition and Books only
Program or Course		From: To:
Institution:	Location (city, province)	Expected date of graduation:
Attendance: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Institution Acceptance: Documentation Attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Technical Institute <input type="checkbox"/> Private Institute <input type="checkbox"/> University Master <input type="checkbox"/> Other	<input type="checkbox"/> Community College <input type="checkbox"/> University Bachelor <input type="checkbox"/> University Ph.D. <input type="checkbox"/> College Preparation

PART E ⇒ COST OF EDUCATION (office use only)

ESTIMATED COSTS	*Increase – Additional funding requested * Actual amount funded	Current Fiscal Year 20/	*Increase – Additional funding requested * Actual amount funded	Current Fiscal Year 20/
1. Training Allowance (monthly rate)				
2. Tuition				
3. Special Clothing and Equipment				
4. Books and Supplies				
5. Special Contingency				
6.				
7.				
8.				
9.				
10. Other (specify):				
Sub Total				
Total Financial Commitment				
Planned Number of Training Units	Post-secondary	Months		Months
Financial Assistance Category	<input type="checkbox"/> Wholly Funded	<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> Other funding sources (eg. Student loans etc.)	

PART F ⇒ STUDENTS APPROVAL

I Hereby authorize that any of the information, or other information concerning my academic achievement at my institution, may be released upon request to the sponsoring agency.

I accept responsibility for satisfying the academic or training requirements of the above institution and managing the educational assistance funds to the best of my ability.

Student Signature: _____ Date: _____

PART G ⇒ APPROVAL RECOMMENDATION (office use only)

This application is recommended for approval if the funds are available.
 I approve this application for financial assistance as noted in parts C & D.

This application is refused for Financial Reasons
 Other (specify)

Comments: _____

Post-Secondary Coordinator:	Date:
Director of Finance:	Date:
Chairperson/Post Secondary Board:	Date:

AHTAHKAKOOP POST SECONDARY STUDENT PROFILE

(Revised: July 13, 2011)

DATE: _____

STUDENT INFORMATION:

Name: _____

First

Second

Last

Address: _____

City/Town: _____ Postal code: _____

Phone Numbers: Home: _____ Work: _____

INSTITUTION INFORMATION:

1. Student Number: _____

Institution & (address): _____

Phone # of Institution: _____ Fax #: _____

Contact person(s): 1. _____ 2. _____

2. Student Number: _____

Institution & (address): _____

Phone # of Institution: _____ Fax #: _____

Contact person(s): 1. _____ 2. _____

BANKING INFORMATION:

Name of Bank/Branch: _____

Account #: _____ Transit #: _____ Bank#: _____

Address of Bank: _____

Phone # of Bank: _____

COURSE INFORMATION:

1. Provide a complete copy of academic standing from the institution, that states current and past registrations as well as current and past grades.
2. Provide from institution a track sheet that provides a list of classes needed to complete program of study.
3. In the case where a student is enrolled in more than one institution during their studies, student must provide academic information from ALL institutions.

4. Length of Program: _____ Year of Study: 1st 2nd 3rd 4th

5. Please mark level of education you will have when program completed:

- Certificate Diploma/Degree 1st Degree 2nd Degree Masters Degree
 Doctorate Degree Other (please specify): _____

6. What is your discipline (major): _____

7. Will you require 40 student months to complete your program? YES NO

8. How many months have you been in your previous program? _____

9. Do you plan on continuing your education after reaching your first goal? YES NO

10. What is your career goal? _____

Student Signature: _____ Date: _____

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STUDENT CONTRACT

I understand the following conditions apply to my sponsorship by Ahtahkakoop Post Secondary Student Support Program for educational studies:

1. I will accept the responsibility to adhere to the institution regulations and meet the standards required by the institution for continuation in my course of studies.
2. I agree to attend classes regularly. I agree to consult with the Post Secondary Coordinator if any problems arise academically, emotionally, physically, and financially.
3. I agree to provide my marks and reports on a semester by semester basis to the Ahtahkakoop Post Secondary office, unless otherwise required.
4. I agree to report any changes to my student and/or program status promptly. I understand that it is a serious matter to provide false information and/or fail to report any change in the information provided.
5. I authorize Ahtahkakoop Post Secondary board to obtain information from persons, agencies, or organizations to determine and/or verify my eligibility for benefits or services under the Ahtahkakoop Post Secondary Student Support Program.
6. I authorize Ahtahkakoop Post Secondary board to share information provided by me, with the Post Secondary Board, staff, Social Assistance, Human Resources and Skills Development of Canada and training institutions.
7. I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true and knowing that is of the same force and effect as if made under oath.
8. I understand that I have the right to appeal any decision made with respect to my application for sponsorship in accordance with the Ahtahkakoop Post Secondary Student Support Program policy.
9. I agree to cooperate with the Ahtahkakoop Post Secondary Staff when monitoring and follow up is required on my behalf such as employment and education history.
10. I agree to participate in the follow up process.

I hereby agree to the terms and conditions for financial assistance and I have read the above.

Student Signature: _____ Date: _____



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STUDENT RELEASE FORM

I _____, Student ID# _____
INSTITUTION _____

do hereby authorize the Post Secondary Coordinator, or any other authorized person within this department, to access any information including any withdrawals from classes, falling below full time status, notification to discontinue, and any interim and final grade marks.

The institution should notify the Ahtahkakoop Post Secondary Coordinator of any student who quits his/her program, and also send monthly attendance, progress reports, marks of any quiz/exams and withdrawal dates, on the following student.

Student Signature: _____ Date: _____