



Re-application Form

Personal Information

Name: _____
First Middle Last

D.O.B: _____ Treaty:(10) _____ S.I.N:(9) _____
M/D/Y

**Must provide copy of Treaty card.*

Contact Information

Address: _____ City: _____ Postal Code: _____

Phone #: Home (____) _____ Work/Cell (____) _____ Email: _____

Alternate Contact: (____) _____

Dependants Information:

Number of Dependants: _____ (Note: Only add dependants under the age of 18 years of age)

**Must provide a copy of Health Cards of self and dependants*

Banking Information

Name & Address of Bank: _____
Name of Bank Address Phone Number

Bank # _____ Account #: _____ Transit #: _____

Application Information

Applying for: Spring(May-June) _____ Summer(July-August) _____ Fall _____ Winter _____

Full Time _____ Part Time: _____

Living Allowance: _____ Tuition: _____ Books: _____ Other: _____

Name of Institution: _____ City: _____ Prov.: _____

Student Number: _____ Program: _____

Length of Study: Start _____ Date of Completion: _____

Current Year of study _____

Must provide a transcript from Institution which includes **History of classes & grades and **Current** updated information on final grades and new class registration. ALSO a Course outline of remaining classes needed to GRADUATE.*

If you are enrolled in more than one institution, due to program set up eg: UofS, SIAST, UofR. Please send transcript for **ALL institutions*

University Program Information

***Please indicate the courses you are applying for and the reason you are applying for these courses during the summer/spring months!**

Course Names	Cost of course (\$)
Class 1: _____	_____
Class 2: _____	_____
Class 3: _____	_____
Class 4: _____	_____

If applying for Spring or Summer sessions, please provide a brief description of why:_____

Signature:_____ Application Date:_____

AHTAHKAKOOP CREE NATION

AHTAHKAKOOP RESERVE # 104

Ahtahkakoop Post Secondary Student Support Program

P.O. 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



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 board 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: _____