

# 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



## APPLICATION FORM FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

Revised July 31, 2008

# 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  
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Toll Free: 1-800-268-6222



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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 30<sup>th</sup> – fall classes that start in September.
- October 31<sup>st</sup> – winter classes that start in January,
- March 31<sup>st</sup> – intersession (May/June)
- May 31<sup>st</sup> – 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 have submitted all proper documentations.

Respectfully yours,

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Pearl Vandall  
Post Secondary Coordinator  
Ahtahkakoop First Nation

(Revised: July 31, 2008)

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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, as you know are June 30<sup>th</sup> for fall classes, October 31<sup>st</sup> for winter classes, March 31<sup>st</sup> for Intersession, and May 31<sup>st</sup> for Summer session (July/August), after which time the Ahtahkakoop Post Secondary Education 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)

**Remember keep in mind the deadline dates:**

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

It is very important to get all the proper documentation to the Post Secondary office by 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,

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Pearl Vandall  
Post Secondary Coordinator

# 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   | – | University/College Entrance Programs (UCEP).           |
| Level II  | – | Community College and diploma or certificate programs. |
| Level III | – | Undergraduate Programs.                                |
| Level IV  | – | Master, Post Graduate Programs.                        |
| Level V   | – | Ph.D.  |

⇒ **PLEASE PRINT**

<p style="text-align: center;"><b>PRIVACY ACT STATEMENT</b></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><b>FIRST APPLICATION SUBMITTED POST-SECONDARY/PROGRAM</b></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 Director of Adult Education or any other authorized person within this department to release this information when needed. All information will be kept in strict confidence.			
<b>Spouse's Signature:</b>		<b>Date:</b>	
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"/> Supplemental to C.E.I.C.	<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 Counsellor:	Date:
Director of Finance:	Date:
Chairperson/Board of Education:	Date:

# AHTAHKAKOOP POST SECONDARY STUDENT PROFILE

(Revised: July 31, 2008)

**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, and 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 there studies, student must provide academic information from ALL institutions.

4. Length of Program: \_\_\_\_\_ Year of Study: \_\_\_\_\_

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

- Certificate    Diploma/Degree    1<sup>st</sup> Degree    2<sup>nd</sup> 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 ultimate goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent to Disclose Personal Information

Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

I consent to the disclosure and use of the information regarding my claims for Unemployment Insurance Benefits and/or Employment Insurance Benefits for the purpose of determining my eligibility for support. This consent is in force for a period of one year from this date unless notice in writing of its termination is given by me. This information may be disclosed to the Saskatchewan Indian Training Assessment Group Inc. 100-103A Pack ham Avenue, Saskatoon, Saskatchewan.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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I, as a representative of the Saskatchewan Indian Training Assessment Group Ins. agree to use the information disclosed for the purpose of determining eligibility and not to further use or disclose this information.

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 school regulations and meet the standards required by the school 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 Ahtahkakoop Post Secondary office.
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 staff 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 staff to share information provided by me, with the Post Secondary Board, staff, Social Assistance, Human Resources Development Canada, training institutes and potential employers.
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 it 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 follow up process.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: July 31, 2008

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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 this would include 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.**

Thank you for assisting the Ahtahkakoop First Nation on assuring that our students progress in their area of studies and making sure that they complete their program to build on their future career.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(July 31, 2008)

# SITAG CLIENT FORM

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## PERSONAL

Surname: \_\_\_\_\_ Given: \_\_\_\_\_ Initials: \_\_\_\_\_

First Nation: \_\_\_\_\_

Contribution Area: \_\_\_\_\_

Occupation: \_\_\_\_\_

C.A. Responsible: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Birth Place: \_\_\_\_\_

Treaty Number: \_\_\_\_\_ S.I.N. \_\_\_\_\_

MARITAL STATUS: Single deirraM ڦ nommoC ڦ Law ڦ Separated ڦ Divorced ڦ Widowed ڦ

GENDER: Female: ڦ Male: ڦ DISABLED: Yes: ڦ No: ڦ

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## EDUCATION / FAMILY

Looking for work? Yes: ڦ No: ڦ

Not Looking Reasons: \_\_\_\_\_

Comments: \_\_\_\_\_

Occupational Goals: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

METHOD OBTAINED: Adult Basic Education: ڦ General Education: ڦ Regular School: ڦ

Dependents at home: \_\_\_\_\_ EMPLOYED SPOUSE: Yes ڦ No ڦ

Prevent Reasons: \_\_\_\_\_

Sources of Income: \_\_\_\_\_ Refer to Employer: Yes ڦ No ڦ

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## ADDRESS / PHONE INFORMATION

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# SITAG Referral of Part I Client to Training

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*To EI Training Agent:*

*Part 1 and 2 of referral form to be completed by authorized staff of SITAG management area and submitted to SITAG office for HRDC authorization and transmission to EI Training agent.*

*Client Referral Information:*

Name:	S.I.N.
Activity Name:	
Institution or Employer:	
Start Date:	End Date:
Training hours per Week:	
Breaks in training or activity of more than 4 weeks:	
Start of break:	End of break:

July 31, 2008