



Application Checklist

To ensure your application is complete use the following checklist.
“New and Continuing/Returning Applicants”

- Complete funding form
- SITAG Forms / Client workbook (only required for technical students)
- Course Outline/Track Sheet. Class history & required classes for certificate, diploma, or degree.
- Copy of Treaty Status Card, of self (or letter from Membership Clerk is acceptable)
- Copy of Health Card(s) of self and dependents (children)
- Current up to date Transcript(s) from ALL the Colleges and/or Universities attended.
- High School Transcripts GED/ABE or high school.
- Student Release form (attached in application form)
- Banking Information (Transit #, Account #, Name and place of Bank)
- Class Enrolment/Class Registration is recommended only after you have been APPROVED FOR FUNDING. WARNING** “Should you register for classes in advance you are required to WITHDRAWAL FROM CLASSES WITH THE INSTITUTION if you have been denied for funding. If you DO NOT withdrawal from the classes you with be billed and have to pay the tuition witch will remain on your account till you have paid it. Sponsorship to pay tuition will only be sent to the university if you have been approved for funding.

Note: If you are applying to a technical program (i.e., Sask. Poly Tech, SIIT etc.) you are required to contact the Ahtahkakoop Post Secondary office to request a fillable career assessment plan (ASETS Workbook) via email. You can also come into the office and fill out one in person.

Application deadlines:

Fall classes that start in (September – December)
Winter classes that start in (January – April)
Intersession/Spring (May-June)
Summer session (July-August)

June 30th
October 31st
March 31st
May 31st

AHTAHKAKOOP CREE NATION
AHTAHKAKOOP RESERVE # 104
Post-Secondary Student Support Program
P.O. Box 190, Shell Lake, Saskatchewan, S0J 2G0
Phone: (306) 468-2100 Fax: (306)468-2344/3018
Pearl Vandall: Cell1 (306)961-5512

Email: postsec2011@gmail.com

Web Page: <https://www.ahtahkakoop.ca/postsecondary-education>



Dear Applicant:

This letter is to inform you that along with your funding form there are requirements also needed to be met. Please ensure to review the Post-Secondary Student Policy Manual where you will find many of the answers to questions you may have, such as responsibilities of the student, applications processes, administration of the program, and eligible costs. The Post-Secondary Student Policy Manual is reviewed annually by the Post-Secondary board, staff and students and ratified by Chief and Council.

It is very important to get all the proper documentation to the Post Secondary office before the deadline dates, and inform the Post-Secondary office of any changes in your application such as address, banking, dependants and any changes in academics. Once application dates are passed, the Post-Secondary Board will review applications and make final decision on the approval or denial of funding. The Post-Secondary office will notify in writing the final decisions to each applicant.

You can contact the office by Email, Fax, or phone if you have any questions/concerns or come into the office 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
Ahtahkakoop Post-Secondary Student Support Program

APPLICATION FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

General Information and Requirements:

A. Eligibility:

1. Student should have Gr. XII or GED XII depending on Program/Institution.
2. 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.
3. Student applications will be approved to the limit of funds available to the Ahtahkakoop Band

B. Types of assistance:

1. Tuition: includes student fees for registration, and the sum of money charged by the Institution for the program cost.
2. Books: a per term book allowance will be issued to the student by the Post Secondary coordinator once the class registration is submitted to the office
3. Assistance for Living Expenses: allowance to help cover student's living expenses are at a rate not to exceed the department's current established maximum levels (see student policy). Where the student attends a foreign institution these amounts will not exceed the maximum levels in Canadian dollars.
4. Part-time Students: may receive assistance for tuition and the cost of books and supplies as which are at a rate not to exceed the department's current established maximum levels (see student policy). Where the student attends a foreign institution, these amounts will not exceed the maximum levels in Canadian dollars.

PART A ⇒ BASIC STUDENT INFORMATION

⇒ PLEASE PRINT

FIRST APPLICATION SUBMITTED TO THE POST-SECONDARY/PROGRAM

YES NO

PART B ⇒ PREVIOUS EDUCATION AND TRAINING

(Please fill in all that apply)

School/Training	Name	Location	Program Completed		Date 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

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

Name: Last		First	Middle (INT.)	Social Insurance Number:
Home Address/Permanent:		City:	Province:	Postal Code:
Email Address:			Telephone #:	Cell/Alternate #:
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: mm/dd/yyyy		Usually Live: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> Bill C-31		Treaty Number:
Name of Next of Kin:		Address: (include province)	Postal Code:	Tel. No.
Relationship to Next of Kin:(i.e. Mother, Father)			Grandparents Names & Band: Maternal: Paternal:	
I apply for financial assistance to enrol in a post-secondary program. at an institution for which I have admitted into. Initials:				Application Date:
Educational assistance category: <input type="checkbox"/> Living allowance only <input type="checkbox"/> Tuition and Books only <input type="checkbox"/> All (Tuition, Books & Living)				
Program Name:			Start Date:	End Date:
Institution:		Location (city, province)		Expected date of graduation:
Attendance: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Institution Acceptance: <input type="checkbox"/> YES <input type="checkbox"/> NO		
		Documentation Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Institution Email Address:		<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

Have you applied or are you receiving any other types of financial assistance? (i.e., Student loans, bursaries. EI etc.) Note: This will not affect your application, for office use only.

PART E ⇒ INSTITUTION INFORMATION (CURRENT/RETURNING ONLY)

Type of study:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time (tuition & books only)			
Term/Semester:	<input type="checkbox"/> Spring (May-June)	<input type="checkbox"/> Summer (July-August)	<input type="checkbox"/> Fall (Sept-Dec)	<input type="checkbox"/> Winter (Jan-Apr)	
Student ID #:	_____				
Institution Name:	_____	Location:	_____		
Program/Discipline	_____	Dates from:	_____ to _____		
			(mm/yy)	(mm/yy)	
Program Length in Years:	___	Current Year of Study:	_____	Expected Graduation:	_____

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: _____

INSTITUTION INFORMATION: (Should you be a student enrolled in more than one institution you must provide all information regarding all institutions)

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: (A bank record or void cheque will also suffice)

Name of Bank/Branch: _____

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

Address of Bank: _____

Phone # of Bank: _____

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STUDENT CONTRACT/STUDENT RELEASE FORM

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

Name: _____ **Institution** _____ **Student D** _____

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.

1. I agree to attend classes regularly. I agree to consult with the Post-Secondary Coordinator if any problems arise academically, emotionally, physically, and financially.
2. I agree to provide my marks and reports on a semester-by-semester basis to the Ahtahkakoop Post-Secondary office, unless otherwise required.
3. 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.
4. 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.
5. ***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.***
6. 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.
7. 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.
8. 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.
9. 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: _____