

Post-Secondary **Continuing** Application Checklist

Dear Applicant,

Before your application form will be considered or approved for 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 as you process your application to ensure your package is complete.

- \$5 Application Fee Required
- 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 in all your courses)
- Course Outline/Schedule (which states all courses you will be registered in).
Program plans can also be submitted.
- Official Transcripts from previous Post Secondary Institution Attended.
- Student to submit 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.
- Photocopy of Treaty Status Card and/or Band Membership Card.

Sponsorship Application Deadline Dates:

Fall Term (September) – June 15

Winter Term (January) – November 15

Spring Term (May/June) – March 15 (third & fourth year students)

Summer Term (July/August) – May 30 (third & fourth year students)

Updated June 2018



POST SECONDARY STUDENT SUPPORT PROGRAM FUNDING APPLICATION

Section A: Student Identifier

Priority No: _____

1) <input type="checkbox"/> New Student <input type="checkbox"/> Continuing <input type="checkbox"/> Returning	2) Funding Period ___ Fall ___ Winter ___ Spring ___ Summer	3) Application Date Day/ Month/ Year/
4) Band: _____ Band Number: _____		

Section B: Student Information

5) Surname:	6) Given Name(s):	7) Date of Birth: Day/ Month/ Year/
8) Address: City/Town: _____		
Province: _____ Postal Code: _____		
9) Home Phone: _____ Cell Phone: _____		Work Phone/Other: _____
10) Email Address: _____		
11) Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
12) Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Circle one: Full Time Part Time # of Hours working per Month: _____		
NAME AND TELEPHONE # OF EMPLOYER: _____		
13) Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common - Law <input type="checkbox"/> Separated/Divorced		
14) Dependent Children Names & Ages (under the age of 18): _____ _____ _____		

Section C: Education Plan

15) Attendance: <input type="checkbox"/> Full - Time <input type="checkbox"/> Part - Time	16) Program Type: <input type="checkbox"/> College (Diploma, Certificate) <input type="checkbox"/> Undergraduate (Degree) <input type="checkbox"/> Graduate (MA, PhD) <input type="checkbox"/> Professional (LLB, CPA)	17) Program Name: Acceptance Letter Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
18) Institution: _____ Location: _____		
19) Length of Program: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Other _____		
20) Year of Study: _____		21) Completion Year (i.e. 2012) _____
22) Previously Funded by P.S.S.P.: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section D: Conditions for Educational Assistance

- 23) I hereby authorize the Ermineskin Education Trust Fund to obtain any information necessary to verify the contents as provided in this application. I hereby agree to the following: (READ AND INITIAL)
- ___ 1. To become familiar with the assistance limitations under the P.S.S.P. Policy and Guidelines.
 - ___ 2. To meet the standards required by the institution for continuation of sponsorship.
 - ___ 3. To provide transcripts or statements of performance at the end of each semester to the Post-Secondary Coordinator to ensure continuation of sponsorship.
 - ___ 4. To report any changes to my student and/or program status promptly.
 - ___ 5. To manage my education and funding to the best of my ability.

Student Signature: _____ Date: _____

24) Comments: _____

Post-Secondary Coordinator Signature: _____ Date: _____

Section E: Authorization (for Office Use Only)

25) _____

Authorizing Signature: _____ Date: _____

Title: _____

Section F: Estimated Costs

26) Fiscal Year	20	20
Tuition & Fees		
Text Books		
Total Instruction:		

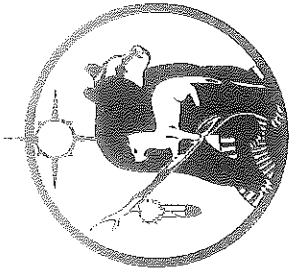
Living Allowance		
Total Costs:		

27) Student Months

<input type="checkbox"/> Term 1		
<input type="checkbox"/> Term 2		
<input type="checkbox"/> Spring		
<input type="checkbox"/> Summer		

(For Office Use Only)
Attachments:

- Proof of Tribal Membership
- Letter of Acceptance
- High School Transcript
- Fees Assessment Schedule
- Course Outline/Schedule
- Waiver Form from Post-Secondary Institution
- Dependency Information



ERMINESKIN EDUCATION

BOX 219, MASKWADIS, ALBERTA T0C 1N0
(780) 585-4006, 585-4007
TOLL FREE 1-800-585-3941 FAX (780) 585-5006

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.

The information to which the ERMINESKIN EDUCATION 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 updates;
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 _____
(Name of Educational Institution) at any time.

This consent may not be withdrawn by me for so long as I remain enrolled as a student at

(Name of Educational Institution)

Signature of Applicant _____

_____ Date

Witness _____

_____ Name (print)