

Post-Secondary **New** 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.
- For first time applicants, high school transcripts are required.
- Career Investigation Report
- 2 Character Reference Forms
- Photocopy of Treaty Status Card and/or Band Membership Card.
- 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.

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:		Postal Code:	
9) Home Phone: _____ Cell Phone: _____ Work Phone/Other: _____		11) Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	

12) Unemployed Employed Circle one: Full Time Part Time
 # of Hours working per Month: _____

NAME AND TELEPHONE # OF EMPLOYER: _____

13) Marital Status:
 Single
 Married
 Common - Law
 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:
18) Institution: _____ Location: _____		Acceptance Letter Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 Ermieskin 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

CAREER INVESTIGATION REPORT

Ermineskin Education Trust Fund Post-Secondary and Continuing Education Programs

Dear Applicant (New, UCEP, & Cont. Ed. Applicants only):

It is highly recommended that you fully complete the following Career Investigation Report. You are advised to submit your report at the time of application. Please note the completion of your report will assist the selections committee in assessing eligibility.

If you need assistance or more information, please do not hesitate to contact the EETF office.

Purpose:

- o To assist the students, to become aware of their personal and career goals.
- o To assist the applicant in assessing their interest in education and career.
- o To allow EETF to advise students/applicants on the appropriate career/education paths.

Office use only

Date Received: _____

(Please complete all questions as much as possible)

Career Investigation Report Form

Name: _____ Date: _____

Occupational Goal: _____

YOU AND THE OCCUPATION

1. Why do you think this occupation is suitable/appropriate for you?
(Why did you choose this occupation?)

2. What special qualities/strengths/talents do you possess, that makes you suitable for this type of work?

3. Do you have any health problems that would affect your ability to do this type of work? YES _____ NO _____
If yes, what are they? _____

OCCUPATIONAL INFORMATION

1. What do people in this occupation actually do in a job? (Typical duties)
a) _____
b) _____

EDUCATIONAL INFORMATION

1. What specific training or education requirements are needed to work in this field?
i.e. diploma, certificate, journeyman ticket, degree. (Name of Program) _____
2. Now that you are starting your education/career path, what is the next step after you complete upgrading?

EMPLOYMENT INFORMATION

1. Name two companies/employers (in our area or in Alberta) who hire people who have this training.

- a) _____
- b) _____

2. Name two related occupations (other occupations you could do similar work).

- a) _____
- b) _____

3. What opportunities do you see for self-employment in this field? (Free lancing, consulting, starting your own business)

(To be completed by Person(s) giving the reference - NOT by applicant)

E.E.T.F. Post Secondary/Adult Education
CHARACTER REFERENCE

Potential Applicant: _____ Band No. _____
The individual named above is applying for one of our funding programs at the Ermineskin Education Trust Fund.

Post Secondary _____ Adult Literacy _____ Continuing Education _____

Please provide a character reference for the applicant on the following:

1. Dependable/Attendance:

2. Attitude towards work/school:

3. Knowledge of potential students educational goal(s):

4. Commitment to employer/classes:

Your name: _____

Phone No.: _____

Relationship to applicant: _____

**Cannot be an immediate relation to applicant.*

Thank you for your assistance.

(To be completed by Person(s) giving the reference – NOT by applicant)

E.E.T.F. Post Secondary/Adult Education
CHARACTER REFERENCE

Potential Applicant: _____ Band No. _____
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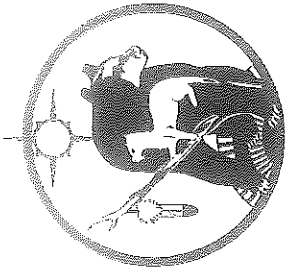
Your name: _____

Phone No.: _____

Relationship to applicant: _____

**Cannot be an immediate relation to applicant.*

Thank you for your assistance.



ERMIESKIN EDUCATION

BOX 219, MASKWADIS, ALBERTA T0C 1N0
(780) 585-4006, 585-4007
TOLL FREE 1-800-585-3941 FAX (780) 585-2006

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 **ERMIESKIN EDUCATION**.

The information to which the **ERMIESKIN 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 Ermieskin 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) _____