

SAULTEAU FIRST NATIONS
 Post-Secondary Education Funding Application Form



Office Use Only New Student Continuing Graduate Returning
 Full Time Part Time

Application Date	
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APPLICANT INFORMATION										
Last Name				First				M.I.		
Band Number				Birth Date				Social Insurance Number (SIN)		
Street Address							Apartment/Unit #			
City				Prov.			Postal Code			
Phone				Alternate phone						
Years lived at Address				E-mail Address						
Emergency Contact										
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Separated/Divorced <input type="checkbox"/>						
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes do you plan to continue	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many hours per week?				
Employer/Position										
SPOUSE'S INFORMATION										
Last Name				Given Name						
SIN #				Employer						
Unemployed	YES <input type="checkbox"/>	Receiving other benefits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State Benefits (W.C.B.,					
DEPENDENTS										
<i>Dependents are : (insert definition)</i>										
Last Name	Given Names			Date of Birth	Relationship					

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PROGRAM INFORMATION					
Institution Name			Student Number		
Program Name			Final Credential		
Length of Program		Start Date		End Date	
Occupational Field					
Full Time	YES <input type="checkbox"/>	Part-time	YES <input type="checkbox"/>	Current year of program	Student ID

EDUCATION AND TRAINING HISTORY					
Name of School	Location	Duration	Completed	Certification	Band Funded?
High School					
College					
University					
Graduate School					
Other					

STUDY PLAN (COMPLETE USING YOUR SCHOOL'S CALENDAR)				
	Fall Session	Winter Session	Spring Session	Summer Session
Duration				
Number of Courses				
Number of Credits				
FT/PT				
List months for which living allowance requested:				
Total number of months of living allowance requested:				

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PROJECTED COMPLETION PLAN

Year 1	Number of Courses:	Number of Credits:
Year 2	Number of Courses:	Number of Credits:
Year 3	Number of Courses:	Number of Credits:
Year 4	Number of Courses:	Number of Credits:
Year 5	Number of Courses:	Number of Credits:
Year 6	Number of Courses:	Number of Credits:

TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:

I have consulted with an academic advisor/career counselor: YES NO

I have made contact with the Aboriginal support worker at my institution: YES NO

FINANCIAL PLAN

Financial Projection

Estimated Costs	Current Year	Next Year
Tuition		
Books/Supplies		
Living Expenses		
Transportation		
Travel		

I have additional applications for funding. They are: (please describe each)

SCHOLARSHIPS :

BURSARIES :

AWARDS :

PROVINCIAL/FEDERAL STUDENT LOANS :

I have spoken with the financial aid department at my institution about funding: YES NO

DECLARATION OF RESIDENCY

I _____ certify that I have been resident in Canada for twelve consecutive months prior to this date.

Signature

Date

CERTIFICATION

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

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OFFICE USE ONLY

Application	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Reasons Attached		
Date Application Received			File Number		
Total Living Allowance			# Months	Monthly Rate	
Total Tuition					
Total Books / supplies					
Travel					
Total Amount Approved					
Sponsored to Date					

APPROVED BY	
Name	
Title	
Signature	
Date	