

**WHITECAP DAKOTA FIRST NATION #94**

Post-Secondary Program  
Site 507, Box 28, R.R. #5  
Saskatoon, Saskatchewan  
S7K 3J8

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*Application Form For*  
**POST-SECONDARY  
EDUCATIONAL  
ASSISTANCE**

*Closing Dates for Applications:*

For September Intake - June 30

For January Intake - October 30

# WHITECAP DAKOTA FIRST NATION #94

## *Application for Post-Secondary Educational Assistance*

### General Information and Requirements:

#### A. Eligibility

1. Applicant must have a grade twelve or equivalent grade twelve (GED)
2. The program must require a Grade Twelve entrance. The program must be at least eight months in length.
3. Students must be enrolled and accepted to the university or institution in a program of study.
4. Applications will only be deferred if students do not apply before the application deadline or if number of eligible applications exceeds the budget. Decisions will be in accordance with the rules and regulations set out in the Whitecap Dakota First Nation Post Secondary Student Support Program Administrative Policies.

#### B. Types of Assistance

1. Tuition - student's tuition will be paid. Students will receive funds for textbooks and supplies which are listed as requirements by the institution of study. We are not responsible for student registration fees or for late registration fees.
2. Living Allowance - allowances will not exceed the amount set out by the budget. Where students attend a foreign institution, this will not exceed maximum levels in Canadian funds.
3. Travel - students will be granted a travel grant once every semester if they are required to live away from their permanent place of residence. This is calculated to be equal to the return transportation of the students permanent place of residency to the nearest post secondary institution which offers the program the student wishes to study.
4. 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 institution of study.

#### C. Levels of Assistance

There are three levels of assistance:

Level I - Community College and CEGEP diploma or certificate programs. These programs must be eight months in length.

Level II - Undergraduate Programs. These programs will lead to a degree. The programs are three-four years in length.

Level III - Advanced or professional degree programs (Master's or Doctoral programs). These programs are twenty four months in length.

NAME: Last	First	Initial	Social Insurance Number			
Current Address			Postal Code		Telephone	
Home Permanent Address			Postal Code		Telephone	
Marital Status						
<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Common Law		<input type="checkbox"/> Single Parent
						<input type="checkbox"/> Bill C-31
Date of Birth			Usual Place of Residence			Treaty Number
_____	_____	_____				
<small>Year</small>	<small>Month</small>	<small>Day</small>	<input type="checkbox"/> On Reserve		<input type="checkbox"/> Off Reserve	
Next of Kin	Address		Postal Code		Telephone	

**Part B FAMILY STATUS**

Spouses Name:	Date of Marriage/Common Law:		
List your dependents, their ages and if they are residing with you:			
Name	Age	Does he/she reside with you?	Birthdate
If spouse is not residing with you, explain why? (separated, etc.)			
My spouse is presently employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other			
If other, explain (e.g. school)			

**Part C PREVIOUS EDUCATION AND TRAINING**

School/Training	Name	Location	Program Completed		Year Completed	Certificate or Diploma Received
			Yes	No		
High School						
College						
Technical Institute						
Private						
University						
Other (specify)						

**Part D ASSISTANCE REQUIRED**

I am applying for funding to enrol at a post-secondary institution at which I have been accepted: _____ (initial).									
Application Date		Training Date		Date of Graduation		Attendance			
Year	Month	Day	Year	Month	Day	Year	Month	Day	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Program or Course of Study			Institution		Location		F <input type="checkbox"/>	IS <input type="checkbox"/>	
							W <input type="checkbox"/>	SS <input type="checkbox"/>	
Institution Acceptance: Yes _____ No _____ Unknown _____ Documentation Attached: Yes _____ No _____									
Type Of Institution:	<input type="checkbox"/> University Entrance	<input type="checkbox"/> University Bachelor	<input type="checkbox"/> University Ph.D.	<input type="checkbox"/> Technical	<input type="checkbox"/> Community College	<input type="checkbox"/> College Preparation	<input type="checkbox"/> Private Institution	<input type="checkbox"/> Other	

**Part E STUDENT'S APPROVAL**

I hereby authorize that the above information concerning my academics may be released upon request to Whitecap Dakota First Nation #94 Post School.

I will complete a student monitoring report signed by an education counselor and my institution of study.

I accept responsibility to complete and satisfy the academic requirements at my institution of study. I will manage the education assistance to the best of my ability.

I will submit my transcripts as requested.

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

**Part F ESTIMATED COSTS (office use only)**

	Actual Amount Funded	Fiscal Year 19	Requested Additional Funding
1. Monthly Allowance			
2. Tuition			
3. Books & Supplies			
4. Travel			
5. Special Contingency			
6. Other (specify)			
7.			
8.			
Sub-Total			
<b>Total Financial Commitment</b>			
Planned Number	Post-Secondary	Months	Months
Student Months	Previous Student Months	UCEP	Level 1      Level II      Level II

**Part G APPROVAL RECOMMENDATION**

This application is recommended for approval.

This application is recommended for approval: part-time studies, tuition, books & supplies.

This application is approved for financial assistance as requested in Parts D and E.

This application is refused for: \_\_\_\_\_ 1. Financial Reasons      \_\_\_\_\_ 2. Other (specify)

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

\_\_\_\_\_

\_\_\_\_\_

Post-Secondary Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Education: \_\_\_\_\_ Date: \_\_\_\_\_  
For Selection Committee