



# Whitecap Dakota First Nation Post Secondary Education Program

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## Post Secondary Education Assistance Application Form

*The Whitecap Dakota First Nation Post Secondary Education Assistance form is required of each applicant. This form is required to collect personal information and documentation for eligibility purposes. Please complete sections A, B, C and D. The Student Guidelines Form must be submitted with the WDFN Application Form (first year applicants and a returning student form are available) they are available online or at the band office. For additional information regarding guidelines, please review the WDFN Post Secondary Education Policy.*

**PART A – Personal Data**

1. Applicant must be of member of the Whitecap Dakota First Nation and have a status number.
2. Applicant must complete the Student Guidelines Form and submit all required documents.
3. All documents be must fully completed and received by the following deadline dates:
  - a. **MAY 15** – Fall Programs
  - b. **SEPTEMBER 30** – Winter Programs
  - c. **MARCH 31** – Intersession Programs
  - d. **APRIL 30** – Summer Programs
4. All applications will be treated fairly and according to the WDFN Post Secondary Education Policy.

Last Name:		First Name:		Middle Initial:
Status Number: 3 7 2 _____		Social Insurance Number: _____		Date of Birth: ____/____/_____ (mm/dd/year)
Residency: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> Out of Province		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single Parent		
Current Address:		Postal Code:	Mobility Number:	
Permanent Mailing Address:		Postal Code:	Home Number:	
Email Address:				
Next of Kin:	Address:		Telephone:	
Spouses Name:	Spouse's Place of Employment:		Telephone:	
List dependents, ages and residency:				
Name	Does he/she reside with you? Y(Yes) or N(No)	Age	DOB	Health Number
1.				
2.				
3.				
4.				
5.				
6.				
Other:				

**PART B – Previous Education and Training**

1. Living assistance is provided to applicants based on the WDFN Post Secondary Education Policy and Post Secondary Education Budget.
2. Tuition, book allowance and other listed compulsory supplies are provided to applicants based on the WDFN Post Secondary Education Policy and the Post Secondary Education Budget.
3. Full Time students are applicants who are enrolled in 24 credit unit courses or 4 institution credit based courses who may receive either the living assistance or tuition assistance or both.
4. Part Time students are applicants who are enrolled in 24 or less credit unit courses and are only eligible to receive tuition assistance.

<b>Institution:</b>	<b>Name of Institution:</b>	<b>Location:</b>	<b>Diploma, Degree completed/received</b>	<b>Start and Completion Program Dates:</b>	
Grade 12 High School					
Technical Institute					
College					
University					
Other (specify)					

**PART C – Type of Program**

*Select type of Institution and Assistance (check one)*

1. \_\_\_ Level I – Accredited Community College Diploma Program, minimum 24 month duration;
2. \_\_\_ Level II – Accredited Undergraduate Degree Program, 3 or 4 year duration
3. \_\_\_ Level III – Accredited Masters or Doctoral Programs, 2 year duration.

<b>Institution and Program Data</b>		
<input type="checkbox"/> Preparation Course <input type="checkbox"/> Technical Institute <input type="checkbox"/> Community College <input type="checkbox"/> University Bachelor <input type="checkbox"/> Masters Degree		
<input type="checkbox"/> University Ph. D <input type="checkbox"/> Other (explain) _____		
<b>Student Enrolment Status</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Fall Session <input type="checkbox"/> Winter Session <input type="checkbox"/> Full Time <input type="checkbox"/> Intersession <input type="checkbox"/> Summer Session	<b>Start Date:</b> _____ / _____ / _____ YYYY    MM    DD	<b>Completion Date:</b> _____ / _____ / _____ YYYY    MM    DD

**PART D –STUDENT ACADEMIC CONSENT FORM**

- Whitecap Dakota First Nation has full access to personal academic progress, evaluation and attendance.
- I will complete and submit student mid-term and final reports upon completion of each term (signed by the appropriate institution authority, if necessary).
- I accept full responsibility to complete and satisfy the academic requirements as outlined by the institution and will seek the necessary tutorial support offered.
- I will manage the educational assistance provided and will seek the financial management support offered by the WDFN (if required).
- I understand it is not the responsibility of the Whitecap Dakota First Nation to pay for late fees, or any other negligent fees incurred. It is my responsibility to read and become acquainted with the institution's guidelines, schedule and expectations.

**Institution:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**OFFICE USE ONLY – Application Status**

- Full Approval     Partial Approval (*Tuition or Living Assistance*)     Incomplete Application     Denied

Total Estimated Costs:

- |                     |       |
|---------------------|-------|
| 1. Monthly Income:  | _____ |
| 2. Tuition & Books: | _____ |
| 3. Other:           | _____ |

**ANNUAL TOTAL:** \_\_\_\_\_

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

**Authorization Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date of Application Review:** \_\_\_\_\_



## Whitecap Dakota First Nation Post Secondary Education Program

### **Student Guidelines for Funding Application for Returning Post Secondary Students**

**Student /Applicant Name:** \_\_\_\_\_ **WDFN Status #:** 372

All applications must be mailed, faxed and/or emailed. The following information will support you with the collection of your documentation to complete your application for funding.

The following information must be submitted prior to each deadline date for all new, denied and previously funded students. All information must be completed, if a section does not apply to you, please enter N/A as your response.

**CHECKLIST – PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS THAT PERTAIN TO YOU.** Please do not ask questions on the day of the deadline.

- WDFN Post Secondary Education Assistance Application Form: completely filled out and submitted as a package with information as required below.**
- Letter of Verification:** to continue in program (for the following year) obtain letter from your college supervisor or academic counsellor; based on the marks you provide.
- Student Cover Letter (one page):** outlining any changes to your short term and long term career goals. This letter identifies and supports your rationale for receiving funding. Explain your reason for choosing your area of studies that leads to success and employment.
- Transcripts:** Must be official. All marks (September – June) must be submitted from the former institute you attended. Marks to be emailed or faxed (marks provided to you online or from your student counsellor).
- Dependent Verification:** a letter from employer or a copy of a record of employment from spouse confirming he/she is not working at the time of application. If this section is not completed, your spouse will be classified as employed. EI and Disability Compensation are considered as income. If your spouse is not from the WDFN, a copy of his/her status card and/or social number will be required.
- Program Description:** provide all program details, such as the entrance requirements and length of program. In addition, list all the costs associated with tuition, books, supplies and/or special equipment.
- Absent Documents:** a written explanation is required if any of the above documents are not available.

**IMPORTANT DEADLINE DATES:** *Fall Session deadline* **MAY 15.** *Winter Session deadline* **SEPTEMBER 30.**  
*Intersession deadline* **MARCH 31.** *Summer session deadline* **APRIL 30.**

It is not the responsibility of the Post-Secondary Coordinator to coordinate with Chief and Council to make sponsorship decisions. Your application will be reviewed after the deadline dates, by a PSE Committee. All documentation is required prior to the review of your application. Please note that support is available upon request from the PSE Program Coordinator prior to complete your application. Please call Roberta Bear @ 306.371.2452 or email [rbear@whitecapdakota.com](mailto:rbear@whitecapdakota.com)

**\*This form must be submitted with your application to verify all completed sections.\***



Whitecap Dakota First Nation  
**Post Secondary Education Program**  
**Student Guidelines for Funding Application for**  
**1<sup>st</sup> Year Post Secondary Students**

Student /Applicant Name: \_\_\_\_\_ WDFN Status #: 372

All applications must be mailed, faxed and/or emailed. The following information will support you with the collection of your documentation; all are required to accompany your formal WDFN Application for PSE Assistance.

The following information must be submitted prior to each deadline date for all new, denied and/or previously funded students. All information must be completed, if a section does not apply to you please enter N/A as your response.

**CHECKLIST – PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS THAT PERTAIN TO YOU.** Please do not ask questions on the day of the deadline.

- WDFN Post Secondary Education Assistance Application Form: completely filled out and submitted as a package with information as required below.
- Letter of Acceptance from the respected institute you applied to: a conditional letter of acceptance will be accepted in the interim. Please submit official letter immediately.
- Student Cover Letter (one page): outlining your short term and long term career goals. This letter identifies and supports your rationale for receiving funding. Explain your reason for choosing your area of studies that leads to success and employment.
- Transcripts: must be official from the high school, Sask. Education and/or former institute you attended. Your transcripts must be mailed directly from SK ED to institution. Read all the directions provided to you (support can be provided by the Post-Secondary Coordinator).
- Dependent Verification: a letter from employer or a copy of a record of employment from spouse confirming he/she is not working at the time of application. If this section is not completed, your spouse will be classified as employed. EI and Disability Compensation are considered as income. If your spouse is not from the WDFN, a copy of his/her status card and/or social number will be required.
- Program Description: provide all program details, such as the entrance requirements and length of program. In addition, list all the costs associated with tuition, books, supplies and/or special equipment.
- Absent Documents: a written explanation is required if any of the above documents are not available.

**IMPORTANT DEADLINE DATES:** *Fall Session deadline* **MAY 15** & *Winter Session deadline* **SEPTEMBER 30.**

It is not the responsibility of the Post-Secondary Coordinator to coordinate with Chief and Council to make sponsorship decisions. Your application will be reviewed after the deadline dates, by a PSE Committee. All documentation is required prior to the review of your application. Please note that support is available upon request from the PSE Program Coordinator prior to complete your application. Please call Roberta Bear @ 306.371.2452 or email [rbear@whitecapdakota.com](mailto:rbear@whitecapdakota.com)

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