

KINISTIN



**SAULTEAUX
NATION**

**POST SECONDARY STUDENT SUPPORT
APPLICATION FORM**

**CLOSING DATES FOR APPLICATION:
JUNE 30 (FALL), MARCH 30 (INTERSESSION)**

POLICY

All registered members of the Kinistin First Nation, having obtained a Grade 12 diploma or GED equivalent diploma, and wanting to continue their education in a full-time post secondary program of study, may apply for financial assistance through the Post Secondary Student Support Program.

Support will be provided within the limits of funds provided by Indian and Northern Affairs Canada Comprehensive Funding Agreements. If support for the number of eligible applicants exceeds the budget, applications will be reviewed according to the Prioritization of Approval of Applications set out in the Post Secondary Student Support Program Policy Manual

PROCEDURE

An Application Form for the Post Secondary Education Assistance must be obtained from the Kinistin Band Office, Kinistin website or Post Secondary Coordinator via email or fax.

Kinistin First Nation will make every effort to assist applicants to complete the necessary forms.

The completed application form, accompanied by the following documents, must be submitted to the Post Secondary Education Coordinator before the closing date for application, as stated in this policy:

- **Proof of Identification:** Photocopy of Treaty Card and Saskatchewan Health Services Card
- **Letter of Acceptance** or conditional acceptance by the Post Secondary Institute. The program must be a minimum of one academic year in length and lead to a certificate, diploma or degree.
- **Official High School Transcripts** or a copy of GED diploma
- **Letter of Intent:** Is a letter written by the applicant to the committee that states the following: why the applicant has chosen this field of study, interest in the program and what they will gain from taking this program and how they will use their education to gain employment. The letter must be dated and signed by the applicant.
- **Verification of Dependant Children:** Revenue Canada printout listing all the children the applicant is receiving Child Tax Benefits
- **An Affidavit:** sworn before a Commissioner of Oaths, verifying dependant spouse

*** Applications lacking the above documentation will not be processed until all documents are received. Incomplete applications will be held and the student will be notified of the lack of information.**

CLOSING DATES FOR APPLICATIONS

JUNE 30 – For Courses/Classes beginning in September

MARCH 30- For Intersession/Summer Session

Note: Applications for Intersession/Summer classes will only be considered if these classes are mandatory pre-requisites for the upcoming regular academic year.

Applications received prior to the above dates will be given priority.

Applications received after the application deadlines will be held until it can be determined if funds are available. If funds are not available, the application will be deferred and places on file until the end of the current fiscal year (March).

Applications, whose applications have been deferred, are required to submit a new application form if they are requesting funding for the following academic year. It is not necessary to submit supporting documentation unless there has been change regarding dependants.

CONTINUING STUDENTS

Students continuing post secondary studies must submit a new application form each year, before the closing date for applications. Continuing students must submit a transcript of their most recent marks, letter of intent and any information that may have changed, or unless specific information has been requested by the Post Secondary Education Coordinator.

APPLICATION FORM

Privacy Act Statement

All personal information provided shall be protected under the provisions of the Privacy Act.

A. STUDENT INFORMATION

| | |
|-----------------------------|----------------------------|
| Last Name : _____ | First Name: _____ |
| Address: _____ | |
| Phone: _____ | Postal Code _____ |
| Next of Kin: _____ | Phone: _____ |
| Marital Status: | |
| Single _____ | Married _____ |
| Common- Law _____ | Single Parent _____ |
| Date of Birth _____ | SIN: _____ |
| YY MM DD | |
| Treaty Number: _____ | |
| Email Address: _____ | |

B. ASSISTANCE REQUIRED

| | |
|---|--|
| Post-Secondary Institute to be Attended | Location |
| Program of Study (Major/Minor- If Applicable) | Full-time Part-time Attendance |
| YY MM DD | YY MM DD |
| Start Date | Anticipated Completion Date |
| YY MM DD | YY MM DD |
| Length of Program | |
| Semester for which support is being applied for: | Fall (Sept- Dec) Fall and Winter Winter (Jan-Apr) Intersession/Summer |

C. FAMILY INFORMATION

| | | | | |
|---------------------------|------------|--|------------|----------------|
| | | Yes | No | **Other |
| Spouse's Name | | *Is your Spouse presently employed? | | |
| Name of Dependents | Age | Name of Dependents | Age | |
| 1. | | 4. | | |
| 2. | | 5. | | |
| 3. | | 6. | | |

*If your spouse is not employed and is a dependant an affidavit, sworn before a Commissioner of Oaths, verifying dependant spouse must be attached to the application

**Other is checked, explain (e.g. school)

D. PREVIOUS EDUCATION AND TRAINING

| School / Training | Name | Location | Completed Y/N | Year Completed |
|--------------------------|-------------|-----------------|----------------------|-----------------------|
| High School | | | | |
| College | | | | |
| Technical | | | | |
| University | | | | |
| Other | | | | |

E. BANKING INFORMATION

If you require Auto Deposit Banking please complete the following information:

Name of Bank : _____

Address of Bank: _____

Transit Number: _____

Account Number: _____

Social Insurance Number: _____

KINISTIN



**SAULTEAUX
NATION**

KINISTIN BAND #91

Box 2590
Tisdale, SK S0E 1T0
Phone: 878-8188
Fax: 873-5235

BAND OFFICE

RELEASE OF INFORMATION FORM

By signing this form, I authorize _____ to release academic and attendance records to Roberta Nippi, Post Secondary Education Coordinator for the Kinistin Saulteaux Nation. This form shall be valid from August 1, 2009 to June 30, 2010.

Student Name- Applicant (please print)

Student Signature- Applicant

Date



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STUDENT CONTRACT AND RESPONSIBILITIES

I will accept the responsibility to adhere to the school regulations and meet the standards required by the school for continuation in my course of studies. I will carefully read and comply with all conditions contained in the Kinistin Saulteaux Nation Post Secondary Student Support Program Policy Manual. I agree to send an email to the KSN Post Secondary Coordinator one week before the end of each sponsored month to report on school progress.

I agree to take an active interest in my studies and perform to the best of my abilities. I will attend classes regularly. I agree to try to successfully complete my program of study.

I agree to consult with a counselor if any problems arise academically, emotionally, physically, and/ or financially.

I agree to provide a transcript of my marks, to the Post Secondary Coordinator, at the end of each term or semester by January 15, May 15, and September 15 from the institution I am attending each semester.

I agree to sign a release of information form authorizing the Post Secondary Coordinator to access my academic and attendance records.

I agree to report any changes to my student and/or program status promptly. I understand that it is a serious matter to provide false information and/or to fail to report any changes to the information provided.

I understand that I have the right to appeal any decision made with respect to my application in accordance with Post Secondary Student Support policy.

I agree to notify Kinistin First Nation Post Secondary Coordinator in writing of any program or course transfers or withdrawals or NP's or difficulties in class. I agree to request in writing to change program of study or institute transfer to the Kinistin First Nation Education Committee.

I agree that Kinistin Saulteaux Nation Post Secondary can recover funding pertaining to Post Secondary funds such as: Tuition, Living Allowance and Text Book monies that were paid out to me and were misused because I took the funds and did not successfully complete my program. If I become a Kinistin Saulteaux Nation Post Secondary student in the future or become an employee of the Kinistin Saulteaux Nation I am aware that they will deduct my living allowance or wages to recover the funds that were misused.

I know that applications must be submitted annually.

I ensure that only I will speak to the Coordinator and not have people call or conduct business on my behalf. I understand that what goes on in the Kinistin Saulteaux Nation Post Secondary Program regarding my student information is confidential and the Coordinator cannot reveal or talk to third party persons (except those who serve as the Kinistin First Nation Education committee members) about anything regarding my financial situations or my academic history.

I, _____ declare that the information provided is true and complete. In signing the contract I agree to the terms as outlined above.

Student's Signature

Date