

KINISTIN



**SAULTEAUX
NATION**

**POST SECONDARY STUDENT SUPPORT
APPLICATION FORM**

CLOSING DATES FOR APPLICATION:

- **June 1 (FALL)**
 - **OCT 1 (WINTER)**
 - **MARCH 1 (INTERSESSION)**
- AS PER KINISTIN POST SECONDARY
POLICY**

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 _____
Cell: _____	
Next of Kin: _____	Phone: _____
Marital Status:	
Single _____	Married _____
	Common- Law _____
Date of Birth _____	
YY	MM
DD	
Status Number: _____	
Email Address: _____	

B. ASSISTANCE REQUIRED

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

C. FAMILY INFORMATION

		Yes <input type="checkbox"/> No <input type="checkbox"/> **Other <input type="checkbox"/>	
Spouse's Name		*Is your Spouse presently employed?	
Name of Dependents	Age	Name of Dependents	Age
1.		4.	
2.		5.	
3.		6.	

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: _____

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 Dwayne Kinniewess, Post-Secondary Education Coordinator for the Kinistin Saulteaux Nation. This form shall be valid from August 1, 20____ to June 30, 20____.

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 Not Passing (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, this includes continuing students.

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 Saulteaux Nation governing body) 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