



**Piapot
First Nation**

**Piapot Post-Secondary Student Support Program
Application Form**

The information provided on this document is for the purpose of administering and resourcing post-secondary student financial assistance. Personal information will be held confidential and will be protected.

| TYPE OF APPLICATION: | | | |
|---|---------------|--|--|
| Select only one: | | | |
| <input type="checkbox"/> New Application (first time applying for sponsorship OR was not approved in a previous application) | | | |
| <input type="checkbox"/> Continuing Student (sponsored by PPSEP in previous academic year) | | | |
| <input type="checkbox"/> Re-Application (previously sponsored by PPSEP, but not in previous academic year) | | | |
| If you are re-applying, | | | |
| ▪ When were you sponsored? | | ▪ What school? | |
| ▪ What program? | | ▪ Did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| A. APPLICANT INFORMATION: | | | |
| First Name: | | Last Name: | Date of Birth: <small>(MMM/DD/YYYY)</small> |
| Treaty #: | | SIN # | Health # |
| Address: | | | |
| City: | | Prov: | Postal Code: |
| Email: | | Phone: | |
| Marital Status (Select only one): | | | |
| <input type="checkbox"/> Single | | <input type="checkbox"/> Married | <input type="checkbox"/> Common-Law |
| B. DEPENDANT INFORMATION: | | | |
| Name: | Relationship: | Date of Birth: <small>(MMM/DD/YYYY)</small> | Health Number: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| C. NEXT OF KIN: | | | |
| Name: | | Relationship: | Phone: |
| Address: | | | |
| City: | | Prov: | Postal Code: |



Piapot First Nation

D. CURRENT PROGRAM INFORMATION:

| | | | |
|--------------------------------------|---------------------------------|--|--|
| Educational Institute: | | Location: | |
| Program Name: | | | |
| Program Level: | | Student Type: | |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Degree | <input type="checkbox"/> Full-time (enrolled in 12 or more credit hours) | |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Other: | <input type="checkbox"/> Part-Time | |
| Start Date: (MMM/DD/YYYY) | End Date: (MMM/DD/YYYY) | Total Program Length: months OR years | |

E. ASSISTANCE INFORMATION:

| | |
|---|---|
| Assistance Required (check all that applies): <input type="checkbox"/> Living Allowance (Part-time not eligible) <input type="checkbox"/> Tuition <input type="checkbox"/> Books Other: | <u>Monthly Living Allowance Assistance:</u> - \$1,700 for Students with Dependents - \$1,350 for Students without Dependents |
| | <u>Tuition & Books Assistance:</u> - Tuition will be covered 100% unless budget does not permit, see Policy for more information - \$600 Book Allowance per term for full-time sponsored students - Total cost will be covered for partially funded students |

F. PREVIOUS EDUCATION & TRAINING:

| Name of School/ Educational Institution: | Program (E.g., Grade 12 Diploma, B. Admin, Cert. in Health Studies, etc.) | Were you sponsored by the PPSEP? | Year Completed |
|--|---|---|----------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

G. DOCUMENTATION REQUIRED:

| Required Documentation | Continuing Student | New Student | Returning Student |
|--|--------------------|-------------|-------------------|
| Application Form | X | X | X |
| Course Registration (University Student) or Proof of Enrolment | X | X | X |
| Post-Secondary Transcripts (if applicable) | X | X | X |
| Grade 12, ABE 12, Adult 12, or equivalent GED 12 Transcripts | | X | |
| School Acceptance Letter | | X | X |
| Letter Outlining Career Goals | | X | X |
| Copy of Certificate of Indian Status Card | | X | X |
| Copy of Health Card(s) for self and dependents (if applicable) | | X | X |
| Copy of your or your spouses' Revenue Canada Child Benefit Notice that verifies dependents | X | X | X |
| Direct Deposit Banking Form or Copy of Void Cheque | | X | X |
| Any other documents requested by the Program | | X | X |



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H. STUDENT AUTHORIZATION AND UNDERSTANDING:

Applicant Full Name:

It is important for the Piapot Post-Secondary Education Program (PPSEP) to ensure that all applicants have an awareness and understanding of the Piapot Post-Secondary Application Procedures Manual. To achieve this, the following will apply:

I, hereby agree that it's my responsibility to understand and agree to the following:

- I have read the PPSEP Policy in its entirety and I agree that if I have any questions, I will not hesitate to ask the Post-Secondary Coordinator or committee member(s) for clarification.
- I understand the intent of the PPSEP Policy and agree with its application to the administration of the program.
- I agree to abide by the PPSEP's policy's terms and conditions.
- I understand that the information provided on my application form and student file will be used for the sole purpose of verifying my eligibility for PPSEP support and shall otherwise be kept confidential.
- I agree to submit any and all documentation required to process my application and I am aware that should I not do so, my application may not be considered for sponsorship.
- I have signed the attached Authorization form giving the program permission to PPSEP to obtain my academic and financial information from my post secondary institution
- I am aware of the deadline dates for application and understand that no late applications will be accepted.

Applicant Signature:

Date:



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I. AUTHORIZATION FORM:

Applicant Full Name:

Date of Birth:
(MMM/DD/YYYY)

Student Number:

Educational Institute:

I, hereby authorize the above educational institute to disclose my academic and financial information to the Piapot Post-Secondary Education Program. This includes the following information: application/registration information, transcripts, academic performance and progress, class changes/withdrawals, program/faculty transfers, academic action/probation/requirement to discontinue or exit program, student account status, monies owing/refunded and other financial information.

I understand and agree that the correspondence between my post-secondary institution and the Piapot Post-Secondary Education Program may be written, electronic or verbal for the purpose of determining my eligibility for support and complying with the Piapot Post-Secondary Education Program Policy requirements for my sponsorship.

Applicant Signature:

Date: