

Application Form ~ Post-Secondary

**SIKSIKA NATION POST-SECONDARY STUDENT SUPPORT PROGRAM
FINANCIAL ASSISTANCE APPLICATION
OLD SUN COMMUNITY COLLEGE P.O. BOX 1250 SISIKA, ALBERTA T0J 3W0
APPLICATION DEADLINE: JUNE 15 (ACCEPTANCE ONLY ONCE PER YEAR)**

Surname: _____ **Given Names:** _____ **Birth date :** Y ___/ M ___/D ___ **Gender:** M ___ F ___
Address: _____ **City/Town:** _____ **Province:** _____ **Postal Code:** _____
Tel: _____ **Email:** _____ **Residence:** on reserve _____ off reserve _____
Band No: _____ **Social Insurance No:** _____ **Marital Status:** ___Single ___Married ___Common-law
 ___Separated ___Divorced ___Single parent
In case of emergency:
Name: _____ **Address:** _____ **Tel:** _____

FAMILY

Name of Spouse _____
 Name of Dependents (17 and under) _____ Date of Birth _____ Residing with you (yes or no) _____
 _____ (please use blank
 _____ paper for more
 _____ space)

INCOME

Is your spouse employed: ___Yes ___No If yes, ___P/T ___F/T ___Seasonal ? Where? _____
 Comments: _____
 Are you or your spouse currently receive the following income? ___Yes ___No
 ___E.I. ___Human Resource Training Allowance ___Alberta Student Finance ___Child Welfare ___Child Support
 Other income, explain: _____

PREVIOUS EDUCATION

Highest Level of Education: ___High School ___Post Secondary
 Name of Last School attended: _____
 Did you receive a ___certificate ___diploma ___degree? If yes, please specify _____

EDUCATION PLAN

Type of Program: ___UCEPP ___COMMUNITY COLLEGE: ___Certificate ___Diploma ___Applied Degree
 UNIVERSITY DEGREE: ___Bachelor ___Master ___P.H.D.
 Program/Course: _____ Institution: _____ Location: _____
 Length of program (Years) _____ Year of Study: ___1 ___2 ___3 ___4 ___5
 Start Date From: ___YR ___/M ___/D To End Date: ___YR ___/M ___/D Attendance: ___full time ___part time
 Graduation date: ___YR ___/M ___/D

ESTIMATED COSTS

What are your total in fees per semester?
 FALL: \$ ___ WINTER: \$ ___ SPRING: \$ ___ SUMMER \$ ___ Will you require textbooks? ___YES ___NO If YES \$ ___
 Will you require any mandatory supplies/equipment for your program? ___YES ___NO If yes, estimated cost? \$ ___

THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE THE APPLICATION PROCESS:

ACCEPTANCE LETTER ___REGISTRATION/SCHEDULE OF CLASSES ___HIGH SCHOOL TRANSCRIPTS ___POST- SECONDARY
 TRANSCRIPT ___TUITION COSTS ___ALBERTA HEALTH CARE VERIFICATION FOR DEPENDENTS(S)/SPOUSE (IF APPLICABLE)

THE DEADLINE FOR RECEIVING THE ABOVE INFORMATION IS: August 15 (for September Entry)
 December 15 (for January Entry)

NOTE: ANY INCOMPLETE APPLICATIONS WILL BE CANCELLED AFTER THE ABOVE DATE.

PLEASE NOTE THAT TRANSCRIPTS ARE REQUIRED WITH YOUR APPLICATION BY JUNE 15TH.

- PLEASE NOTE THAT THE INFORMATION GIVEN ON THIS APPLICATION IS STRICTLY CONFIDENTIAL AND IS USED FOR THE PURPOSE OF ASSISTING THE SELECTION OF CANDIDATES ONLY.
- ALL MONIES APPROPRIATED TO FULL/PART TIME STUDENTS FOR POST SECONDARY FUNDING (ALLOWANCE, TUITION, BOOKS, ETC) MUST BE USED ACCORDINGLY. FAILURE TO COMPLY WITH THE REGULATIONS COULD RESULT IN AN OVERPAYMENT AND ALL MONIES ARE SUBJECT TO RECOVERY.
- I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL THE INSTRUCTIONS AND INFORMATION ACCOMPANYING THIS APPLICATION FORM AND THAT ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE IN ALL RESPECTS. I UNDERSTAND THAT MISREPRESENTATION, FALSIFICATION OF DOCUMENTS, OR WITHHOLDING OR REQUESTED INFORMATION ARE SERIOUS OFFENCES WHICH MAY RESULT IN THE CANCELLATION OF YOUR SPONSORSHIP.
- **PLEASE NOTIFY THE POST SECONDARY ADMINISTRATION OF ANY CHANGES IN MARITAL, DEPENDENTS(S), AND/OR EMPLOYMENT (self or spouse) STATUS.**

X _____ APPLICANT'S SIGNATURE DATE _____