

Email: _____

**APPLICATION FORM
FOR
POST-SECONDARY
EDUCATIONAL
ASSISTANCE**

2023-2024 YEAR

SWEETGRASS FIRST NATION

POST-SECONDARY PROGRAM

BOX 147

GALLIVAN, SASK.

SOM OXO

(306) 937-2990

FAX (306) 937-7010

EMAIL sonyaf@sweetgrassfirstnation.ca

APPLICATION PROCEDURES & REQUIREMENTS:

Sweetgrass First Nation has one intake per ACADEMIC YEAR.
The deadline is May 31st @ 4:30pm. Applicants are requested to apply early.

Application form **must** include the following:

- #1 Photocopy of Treaty Status Card
- #2 New Applicants are required to submit a detailed career plan
- #3 Transcripts of Marks (secondary and most recent)
- #4 Institution Letter of Acceptance
- #5 Institution Course Schedule and Registration
- #6 Institution Fee Assessment Schedule
- #7 Cost of tuition, books, student and mandatory fees, specialized equipment, tool, materials and supplies that will be required for the institutions academic year.

APPLICANTS MUST ENSURE THAT DOCUMENTATION PROVIDED IS **ACCURATE** AND IS SUBMITTED **BEFORE** THE DEADLINE DATE.

NO ADJUSTMENTS WILL BE MADE TO BUDGETS AFTER THE APPLICATIONS HAVE BEEN APPROVED FOR FUNDING. SWEETGRASS FIRST NATION

APPLICATION FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

General Information and Requirements:

A. Eligibility

1. Applicant must have a grade twelve or equivalent grade twelve-GED.
2. The program must require a grade twelve entrance. The program must be eight months in length.
3. Students must be enrolled and accepted to the university or institution in a program of study.
4. Application will only be deferred if students do not apply before the application deadline or if number of eligible applications exceeds the budget. This is in accordance to the rules and regulation set out in each administering organization operations guidelines.

B. Types of Assistance

1. Tuition-student's tuition will be paid. Students will receive funds for textbooks and supplies which are listed as requirements by the institution of study. We are not responsible for student's registration fees or for late registration fees.
2. Living Allowance-allowances will not exceed the amount set out by the budget.
3. Part-time Students-may receive assistance for tuition and the cost of recommended text books and supplies as listed with program of study.

C. Limits of Assistance

There are three levels of assistance:

Level I-Community College and CEGEP diploma or certificate programs.

These programs must be eight months in length.

Level II-Undergraduate Programs. These programs will lead to a degree.

The programs are three-four years in length. .

Level III-Advanced or professional degrees (Master's or Doctoral

Programs). These programs are twenty four months in length.

Privacy Act Statement

The information you provide on this document is for the purpose of resource and administering post-secondary student financial assistance. Personal information that you provide is protected under the provisions of the Privacy Act.

First Application Submitted

Post School/Program ___yes ___no

Part A Student Information

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|---------|--|---------|-----|---------------|--|-------------|--|--------------|--|--------------|--|-----------|--|--|--|--|
| Last Name | | | | First Name | | | | Initial | SIN | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Current Address | | | | | | | | | | Postal Code | | | | Phone Number | | | | | | | | |
| Permanent Address | | | | | | | | | | Postal Code | | | | Phone Number | | | | | | | | |
| Marital Status | | | | | | | | | | | | | | | | | | Bill C-31 | | | | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single Parent | | | | | | | | | | | | | | | | | | | | | | |
| D.O.B. | Y | M | D | Usually Live | | | | | | Treaty Number | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve | | | | | | | | | | | | | | | | | | |
| Next of Kin | | | | | | Address | | | | | | Postal Code | | | | Phone Number | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

Part B Family Information

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------------|--|-----|--|--------------------|--|--|--|--|--|--|--|--|--|
| Spouse's Name | | | | | | | | | | Date of Marriage/Common Law | | | | | | | |
| List your dependents, their ages, and if they are residing with you: | | | | | | | | | | | | | | | | | |
| Name | | | | Band Number | | DOB | | Place of Residence | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| If spouse is not residing with you, explain why?(attach) | | | | | | | | | | My spouse is employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other | | | | | | | |
| | | | | | | | | | | | | | | | | | |

Part C Previous Education and Training

| Schooling/Training | Name | Location | Completed | | Year Completed | Certificate or Diploma Received |
|---------------------|------|----------|-----------|----|----------------|---------------------------------|
| | | | Yes | No | | |
| High School | | | | | | |
| Community College | | | | | | |
| Technical Institute | | | | | | |
| Private | | | | | | |
| University | | | | | | |
| Other Specify | | | | | | |

Part D Assistance Required

| | | | | | | | |
|---|--|--------------------------|-------------|--------------------------|----------|--|--|
| I am applying for assistance for funding to enroll at a post-school at which I have been accepted _____ (initial) | | | | | | | |
| Application Date Y M D | | Training Date Y M D | | Graduation Date Y M D | | Attendance ____ Full Time ____ Part Time | |
| Program or Course of Study | | | Institution | | Location | ____ Fall ____ Spring ____ Winter ____ Summer | |
| Institution Acceptance ____ Yes ____ No ____ Unknown | | | | | | Documentation Attached ____ Yes ____ No | |
| Type of Institution | | ____ University Entrance | | ____ University Bachelor | | | |
| | | ____ Technical | | ____ University Ph. D. | | | |
| | | ____ Community College | | ____ College Preparation | | | |
| | | ____ Private Institution | | ____ Other | | | |

Part E Students Approval

I hereby authorize that the above information concerning my academics may be released to Sweetgrass Post Secondary.

I will complete a student monitoring report signed by an education counselor at my institution of study.

I accept responsibility to complete and satisfy the academic requirements at my institution of study. I will manage the education assistance to the best of my ability.

Student Signature _____ Date _____

Part F Estimated Costs (Office use Only)

| | Actual Amount Funded | Fiscal Yr 200 - | Requested Additional Funding |
|-----------------------------------|---------------------------------|----------------------------|---|
| 1. Monthly Allowance | | | |
| 2. Tuition | | | |
| 3. Books/Supplies | | | |
| 4. Travel | | | |
| 5. Special Contingency | | | |
| 6. (Other) Specify | | | |
| 7. | | | |
| 8. | | | |
| Sub-Total | | | |
| Total Financial Commitment | | | |

Part G Approval Recommendation

_____ This application is recommended for approval

_____ This application is recommended for approval: part-time studies, tuition, books & supplies

_____ This application is approved for financial assistance in Part D and E

_____ This application is refused for _____ 1. Financial Reasons _____ 2. Other (Specify)

Comments:

Post-Secondary Counselor _____
Director Education _____

Date: _____
Date: _____

2023-2024 CONTRACT
BETWEEN SWEETGRASS FIRST NATION AND STUDENT

I understand and agree to abide by the following conditions for sponsorship by the Sweetgrass First Nation for Post-Secondary Students:

1. 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 be enrolled in a minimum of four classes per semester and maintain a 65% overall average.
2. I agree to attend classes regularly.
3. I agree to consult with the Sweetgrass First Nation if any problems arise academically, emotionally, physically and financially.
4. I agree to provide my marks and reports on a semester basis to Sweetgrass and/or upon Sweetgrass' request.
5. I agree to report any changes to my student and/or program status promptly; I understand that it is a very **serious matter to provide false information.**
6. I authorize Sweetgrass to obtain information from persons, Agencies, or organizations to determine and/or verify my eligibility for benefits or services under the post-secondary student assistance program and I authorize the education institution I attend to release all attendance records and marks to the Sweetgrass First nation upon request by Sweetgrass.
7. I declare that all information provided is true and complete and I make this solemn declaration believing it to be true and knowing that it is of the same force and affects as if made under oath.
8. I understand that I have the right to appeal any decision made with respect to my application for sponsorship.
9. If I drop classes I must seek approval in writing from the Sweetgrass First Nation. I understand that Sweetgrass may not be held responsible for tuition and Dropped class fees.
10. If I drop or I am required to discontinue I must wait two academic years before I may be eligible for consideration of post-secondary funding.
11. I understand there will be **absolutely no advances.** I am expected to manage my finances in line with monthly allowances.

I hereby agree to the terms/conditions for financial assistance that I have read above.

STUDENT'S NAME
DATE

STUDENT SIGNATURE