

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

**2025-2026 ACADEMIC YEAR**



**POST-SECONDARY PROGRAM  
BOX 147  
GALLIVAN, SASK.  
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EMAIL: [carolp@sweetgrassfirstnation.ca](mailto:carolp@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.

The 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 institution's 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.**

# APPLICATION FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

## General Information and Requirements:

### A. Eligibility

1. Applicants 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 the number of eligible applications exceeds the budget. This is in accordance with the rules and regulations set out in each administering organization operations guidelines.

### B. Types of Assistance

1. Tuition-student 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 1-Community College and CEGEP diploma or certificate programs.
  - These programs must be eight months in length
- Level 11-Undergraduate Programs. These programs will lead to a degree.
  - The programs are three-four years in length
- Level 111-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. The 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 ___ Single ___ Married ___ Common Law ___ Single Parent								___ Bill C-31								
D.O.B.	Y	M	D	Usually Live ___ On Reserve ___ Off Reserve				Treaty Number								
Next of Kin:				Address:				Postal Code		Phone Number						

## PART B: Family Information

Spouse's Name:						Date of Marriage/Common Law: Mm/dd/yr:					
List your dependents, their ages, and if they are residing with you:											
Name			Status Number			DOB: mm/dd/yr			Place of Residence		
If the spouse is not residing with you, explain why? (attach)						My spouse is employed ___ Full Time ___ Part Time ___ Other					

## PART C: Previous Education & Training

Schooling/Training	Name	Location	Completed		Year Completed	Certificate or Diploma Received
			Y	N		
High School						
Community College/Private						
Technical Institute						
University						

## Part D: Assistance Required

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

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 E: Estimated Costs (Office Use Only)**

<b>Expenditures</b>	<b>Actual Amount Funded</b>	<b>Fiscal Yr 2025/26</b>	<b>Additional Request Funding</b>
<b>1. Monthly Allowance</b>			
<b>2. Tuition</b>			
<b>3. Books/Supplies</b>			
<b>4. Travel</b>			
<b>5. Special Contingency</b>			
<b>6. (Other) Specify</b>			
<b>Sub-Total</b>			
<b>Total Financial Commitment</b>			

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** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Director Education** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2024-2025 CONTRACT**  
**BETWEEN SWEETGRASS FIRST NATION AND STUDENT**

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

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.
2. I will be enrolled in a minimum of four classes per semester and maintain a 65% overall average.
3. I agree to attend classes regularly.
4. I agree to consult with Sweetgrass First Nation if any problems arise academically, emotionally, physically, and financially.
5. I agree to provide my marks and reports on a semester basis to Sweetgrass and/or upon Sweetgrass' request.
6. 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.**
7. I authorize Sweetgrass to obtain information from people, 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.
8. 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.
9. I understand that I have the right to appeal any decision made with respect to my application for sponsorship.
10. 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.
11. If I drop below average classes as required or discontinue, I am required to wait two academic years before I may be eligible for consideration of post-secondary funding.
12. I understand there will be **absolutely no advances.** I am expected to manage my finances in line with monthly allowances.

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

**STUDENT NAME:**

\_\_\_\_\_

**STUDENT SIGNATURE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_