



Application Form

Post Secondary Student Support Program

DATE: _____

Thunderchild First Nation

Box 600, Turtleford, SK, S0M-2Y0; Phone (306) 845-4300; Fax (306) 845-4448

Privacy Act Statement

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

Part A: STUDENT INFORMATION (please print)

Ever Discontinued Yes No

Ever RTD Yes No

New Student Re-Enrollment Continuing

(Never been funded) (Previously Funded) (Funded in the past year)

Name _____

Last Name First Name Middle

Permanent Address _____ City _____ Prov _____ Postal Code _____

Mailing Address _____ City _____ Prov _____ Postal Code _____

Telephone #'s _____ Date of Birth _____

Treaty # 349 _____ SIN # _____

PART B: ASSISTANCE REQUIRED Full Time Part Time (Tuition & Books Only)

Institution _____ Location _____

Program _____ Dates From _____ to _____
Mo/Yr Mo/Yr

Student number _____

Program Length in Years _____ Term(s) Fall Winter Inter Session Summer Session

Sept-Dec Jan-Apr May-June July-Aug

PART C: DEPENDENT'S INFORMATION

Children's Names	Age / Date of Birth	Does he/she live with you?	Comments
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART D: EDUCATION & TRAINING

School / Training	Name	Location	# Months	Specify Certificate/ Diploma or Degree Received
High School				
Community College				
Technical Institute				
University				
Other (specify:)				

Completed Years _____

PART E: DOCUMENTS REQUIRED

APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING DOCUMENTS:

- Documentation Attached:** Transcripts / Marks Registration Treaty/Status Card Banking Info
 Hospitalization Card (Self/Dependent) Letter of Acceptance Child Tax Benefit Notice

PART F: DECLARATION

I hereby undertake the following as conditions for sponsorship by the Post Secondary Student Support Program (PSSSP) of the Thunderchild First Nation for the duration of my program of studies:

1. To attend classes on a regular basis;
2. To consult with my counselor if any problems arise academically, emotionally, physically, or financially.
3. To adhere to school regulations and meet the academic requirements for continuation for my program of studies;
4. To provide my transcript of marks and report to PSSSP upon completion of each academic year;
5. To adhere to sponsorship rules and regulations stated in the Post-Secondary Student Handbook;
6. To consult with my counselor of any changes of residence, dependents, etc.
7. I declare that the information provided by me on the application form is complete and correct and is given in order to substantiate my entitlement for sponsorship.
8. I, _____, authorize the PSSSP to obtain any information required to determine my and/or dependent(s) eligibility for sponsorship; including requesting marks from my academic institution,
9. I hereby give permission to the Thunderchild First Nation Post Secondary Student Support Program to verify or confirm with any source the correctness and accuracy of the information obtained in this application.

Signature: _____

Date: _____

PART G: Please include here your statement of intent and any other information that might assist the Post Secondary Selection Committee in making the application decision. State your career goal and why you have chosen your field of study and your chosen institution. (Attach letter)