



Thunderchild First Nation

Post-Secondary Student Support Program Application Form

Box 600, Turtleford, SK SOM2Y0; Phone (306) 845-3779 Fax (306) 845-3866

Please submit via email to: [postsec@thunderchild.ca](mailto:postsec@thunderchild.ca)

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

New Student \_\_\_\_\_ Re-Enrollment \_\_\_\_\_  
(Never been funded) (Previously Funded) )

Date: \_\_\_\_\_

Name

\_\_\_\_\_

Last Name	First Name	Middle
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1) Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

2) Student Study Address: \_\_\_\_\_

\_\_\_\_\_

• Personal Email Address: \_\_\_\_\_

\*Upon acceptance by the Institution we request you submit your email given to you by the institution.

• Institute Email: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Yr/Mo/Date

Status # 349 \_\_\_\_\_

**Part B: Student Status/Dependent Information**

Married \_\_\_\_\_ Common Law \_\_\_\_\_ Single \_\_\_\_\_

Children's Names	Age / Date of Birth	Does he/she live with you?	School Attending
1.		Yes / No	
2.		Yes / No	
3.		Yes / No	
4.		Yes / No	
5.		Yes / No	

**EDUCATION & TRAINING**

School / Training	Name	Location	# Months	Specify Certificate/ Diploma or Degree Received
High School				
College				
Technical Institute				
University				

**Part C: Assistance Required**

**Deadline Dates:**

**February 28<sup>th</sup> .....Spring/Summer (Continuing Students only)**

**May 31<sup>st</sup> .....Fall Semester (New and Continuing Students)**

**October 31<sup>st</sup> ..... Winter Semester (Continuing Students)**

**(New Students if funds are available)**

(Please check the option that applies to you below)

Full Time: \_\_\_\_\_ Part Time (Tuition & Books Only): \_\_\_\_\_

Institution \_\_\_\_\_ Location \_\_\_\_\_

Program/Course: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Term Applying for: Fall	Winter	Spring	Summer
Sept-Dec	Jan-Apr	May-June	July-Aug

Program Length in Years: \_\_\_\_\_ Years completed: \_\_\_\_\_

Documentation Required: (Must be submitted on or before the deadline dates of each semester as stated above)

Transcripts/Marks	Registration	Treaty/Status Card	Banking Info/Void Chq
Hospitalization Card (Dependent)		Letter of Acceptance	Child Tax Benefit Notice

Academic Prior Student Information

Ever Discontinued (withdrew)      Yes      No

Ever Required to Discontinue (RTD)      Yes      No

### Part D: Education Goal Statement

Please include here your statement of intent and any other information that might assist the Post-Secondary Selection Committee in making the application decision.

**Part E: Student Contract 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 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 semester;
5. To adhere to sponsorship rules and regulations stated in the Post-Secondary Student Handbook;
6. To consult with my counselor of any changed of residence, dependents, etc.
7. I declare that the information provided by me on the application form is complete and correct and is given 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.
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 and Date:

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**Thunderchild First Nation Student Release Form**

**Students must sign release form as a condition of funding.**

Student's approval: To be sent to institute.

I hereby authorize that my Student Registration, Student Program, Profile Sheet, Progress Report and Mark Transcripts concerning my academics be released to: **Thunderchild First Nation**

Student's name (print ): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Institute Attending: \_\_\_\_\_

Program or Course Name: \_\_\_\_\_

Term/Semester: \_\_\_\_\_

Student ID Number: \_\_\_\_\_