

LITTLE PINE FIRST NATION POST SECONDARY ED. ASSISTANCE APPLICATION FORM

FULL TIME PROGRAM : _____ **PART TIME PROGRAM** _____

OUTLINE YOUR CAREER PLAN :

PRIVACY ACT STATEMENT

The information you provide on this document is for the purpose of resourcing and administering post secondary financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT. Name, Address & Phone will be released to other departments of Little Pine First Nation for communication of Band information to the Band member.

1.NAME: _____
Surname First Middle Initial

TREATY # : _____ **D.O.B. :** _____
Day Month Year

SIN #: _____ used to verify dependent information only

2. ADDRESS: _____
Apartment no. / Street no. / or Box no.

Town / City Province / State

Postal Code/ Zip Code

TELEPHONE NUMBER : () _____

EMAIL ADDRESS: _____

4. PREVIOUS EDUCATION AND TRAINING:

Level	Institution Name & Address	Type(s) of Certificate / Diploma / Degree	Yr	Completed Y or N
University				
Technical Institute				
Community College				
Private Institution				
High School				
Other				

5. Please indicate to LITTLE PINE FIRST NATION, any prior funding you may have had. This information will be kept confidential in your file and shall be referred to should you require further Post Secondary funding. This is COMPULSORY for the purpose of Post Secondary Funding.

INSTITUTE: _____

PROGRAM: _____

YEAR: _____ **MONTHS:** _____

INSTITUTE: _____

PROGRAM: _____

YEAR: _____ **MONTHS:** _____

6. INSTITUTE CHOICE WHERE FUNDING IS REQUIRED:

Institution / Location	Program of Study	
Length of program	Months / Years	Start Date of Program
Credit Units Enrolling In	Tuition cost	Book cost

7. STUDENT'S RELEASE OF AUTHORIZATION : FOR THE STUDENT'S FILE

I hereby authorize that all information concerning my academics may be released upon request to LITTLE PINE FIRST NATION POST SECONDARY.

STUDENT'S NAME: (please print) _____

STUDENT'S SIGNATURE: _____

DATE: _____ STUDENT #: _____

INSTITUTION: _____

SESSION(S): _____
Specify Regular Session (Sept - April, year) // Intercession & Summer Session, (May - Aug. year)

8. STUDENT'S RELEASE OF AUTHORIZATION : TO BE SENT TO INSTITUTE

I hereby authorize that all information concerning my academics may be released upon request to LITTLE PINE FIRST NATION POST SECONDARY.

STUDENT'S NAME: (please print) _____

STUDENT'S SIGNATURE: _____

DATE : _____ STUDENT #: _____

INSTITUTION: _____

SESSION(S): _____
Specify Regular Session (Sept - April, year) // Intercession & Summer Session, (May - Aug. year)

DIRECT DEPOSIT

****Direct deposit is available to residents with Canadian Accounts only ****

NAME: _____

ADDRESS: _____

Apartment no. / Street no. / Box no.

Town / City	Province / State	Postal / Zip Code
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TELEPHONE: (____) _____

NAME AND ADDRESS OF BANK : _____

BANK TELEPHONE : (____) _____

BANK TRANSIT NUMBER : (must be 5 digits)

STUDENT ACCOUNT NUMBER :

TYPE OF ACCOUNT : (e.g.: savings , chequing)

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL .

PLEASE PROVIDE ALL THE REQUIRED INFORMATION. CHECK WITH YOUR BANK SO THAT THE INFORMATION IS ACCURATE TO INSURE WE GET YOUR MONEY TO YOU ON TIME. INCOMPLETE OR INCORRECT INFORMATION CAUSES DELAYS (Up to three weeks - over which we have no control).

IF YOU HAVE A CHEQUING ACCOUNT, PLEASE SUBMIT A BLANK VOID CHEQUE TO OUR OFFICE, IT WILL PROVIDE ALL THE NECESSARY INFORMATION WE NEED.

I HEREBY AUTHORIZE LITTLE PINE FIRST NATION POST SECONDARY TO DIRECTLY DEPOSIT INTO MY BANK ACCOUNT AS NOTED ABOVE.

Signature

Date