LITTLE PINE FIRST NATION POST SECONDARY BOX 70

PAYNTON, SK S0M 2J0 (306) 398 - 4942 FAX (306) 398-2377 EMAIL littlepine.firstnations@sasktel.net WEB http://www.littlepine.ca

Toll Free: 1 800 407 7526

Congratulations for reaching a point in your life and in your learning where you are considering a long term certificate or degree program beyond grade twelve. This is a major step for you personally and for First Nations people. We look forward to working with you so that your hopes and dreams may become a reality.

Below is some general policy information that is important for you to keep in mind while you are completing your application . If you have any questions or need assistance please do not hesitate to contact our office.

GENERAL INFORMATION

The purpose of the LITTLE PINE FIRST NATION POST SECONDARY PROGRAM is to enable Little Pine First Nations students to pursue a higher education. However, the funding is CAPPED, so not everyone who applies is eligible to be funded. Acceptance of support funding requires a major commitment on the part of the student to work hard to complete the program successfully.

To be eligible a student must:

- 1) have a complete GRADE 12 or equivalent
- 2) have been accepted into a program which is 8 months in length and requires a grade 12 level for admission
- 3) be enrolled in a technical institute or university which offers the program
- 4) must be a member of LITTLE PINE FIRST NATION
- 5) applicants must submit the following documentation:
 - a) copy of status card
 - b) acceptance letter from the institution
 - c) dependent verification (Revenue Canada Child Tax Assessment Form)
 - d) final registration (when approved for funding)
 - e) most recent mark transcripts
 - f) grade 12 or equivalent documentation
 - g) program information

6) APPLICATION DEADLINE DATES

FALL (SEPTEMBER) ENROLLMENT MAY 31 ST

(1) continuing students

(2) new applicants if funds are available

WINTER (JANUARY) ENROLLMENT MAY 31ST

(1) continuing students

(2) new applicants if funds are available

INTERCESSION (MAY) SUMMER (JUNE) ENROLLMENT

(1) continuing students only

MARCH 30 TH

	PART TIME PROGRAM	[
OUTLINE YOUR CAREER PLAN	N:	
	ACY ACT STATEMENT	
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3 . FAMILY STATUS:	1 1	1	
Single	Single Parent	Married	Common-law
SPOUSE'S NAME: (if applicable	e)		
SPOUSE'S BAND : (if applicable)			
IS SPOUSE EMPLOYED:	:		
	Yes	A DEPENDENT :	No
IS SPOUSE A STUDENT:	Yes / No		Yes / No
considered as a dependent ,but as e DEPENDENT CHILDREN:	employed. **		
1 AGE	4.		
NAME AGE		NAME	AGE
2 NAME AGE	5 .	NAME	
NAME AGE			AGE
3. NAME AGE	6		
NAME AGE	E	NAME	AGE
(If you need more space, attach another IN THE EVENT THAT YOU CANNOT LEAVE A NAME AND NUMBER WI	OT BE REACHED AT HERE A MESSAGE I	YOUR RESIDENCI MAY BE LEFT FOR	Ε,
NEXT OF KIN NAME:]	Tingt	Middle Initial
ADDRESS:	o. / Street no. / Box no		——————————————————————————————————————
Apartment n	o. / Street no. / Box no).	
Town/City	1	Province	Postal/Zip Code
TELEPHONE: ()			
FMAIL 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				
information will Post Secondary f	e to LITTLE PINE FIRST Notes to LITTLE PINE FIRST Notes to be kept confidential in your funding. This is COMPULSO	file and shall be referr ORY for the purpose of	ed to should	you require further
PROGRAM:				
YEAR:		MONTHS	S:	
INSTITUTE:				
PROGRAM:				
YEAR:		MONTHS	S:	

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 A	AUTHORIZATION : FOR TH	E STUDENT'S FILE
I hereby authorize that all inforn LITTLE PINE FIRST NATION		es may be released upon request to
STUDENT'S NAME: (please pri	nt)	
STUDENT'S SIGNATURE:		
DATE:	STUDENT #:	
INSTITUTION:		
SESSION(S): Regular Session (S	ant April year) // Intercessio	n & Summer Session, (May - Aug.
year)	cpt - April, year) // intercessio	n & Summer Session, (May - Aug.
3. STUDENT'S RELEASE OF A	AUTHORIZATION: TO BE S	ENT TO INSTITUTE
I hereby authorize that all inforn LITTLE PINE FIRST NATION		es may be released upon request to
STUDENT'S NAME: (please pri	nt)	
STUDENT'S SIGNATURE:		
DATE :	STUDENT #:	
INSTITUTION:		
SESSION(S):		
Specify Regular Session (Sen	t - April, year) // Intercession	& Summer Session, (May - Aug. ve

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
TELEPHONE: ()		
NAME AND ADDRESS OF BANK :		
BANK TELEPHONE : ()		
BANK TRANSIT NUMBER : (must be 5	digits)	
STUDENT ACCOUNT NUMBER:		
TYPE OF ACCOUNT : (e.g.: savings , chec	quing)	
ALL INFORMATION WILL BE KEPT ST	FRICTLY CONFIDENTIAL .	
PLEASE PROVIDE ALL THE REQUIRED THE INFORMATION IS ACCURATE TO INCOMPLETE OR INCORRECT INFORM we have no control).	INSURE WE GET YOUR MONE	EY TO YOU ON TIME.
IF YOU HAVE A CHEQUING ACCOUNT OUR OFFICE, IT WILL PROVIDE ALL		
I HEREBY AUTHORIZE LITTLE PINE I DEPOSIT INTO MY BANK ACCOUNT A		DARY TO DIRECTLY
Signature		