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) COMPLETE APPLICATION DEADLINE DATES (complete clarified April 2017)

FALL (SEPTEMBER) ENROLLMENT JULY 15TH

(1) continuing students

(2) new applicants if funds are available

WINTER (JANUARY) ENROLLMENT JULY 15TH

(1) continuing students

(2) new applicants if funds are available

INTERCESSION (MAY) SUMMER (JUNE) ENROLLMENT FEB 28 TH (1) continuing students only

LITTLE PINE FIRST NATION POST SECONDARY ED. ASSISTANCE APPLICATION FORM

FULL TIME PR	ROGRAM :	PAR	T TIME PROGRAM
OUTLINE YOU	IR CAREER PLAN	:	
*****	*****	*****	*********
		PRIVACY ACT	STATEMENT urpose of resourcing and administering
	*****		*********
	Surname	First	Middle Initial
TREATY # : D	0.O.B. :		_
	Day Mo		
SIN #:		used to veri	fy dependent information only
2. ADDRESS:			
_	Apartment no. /	Street no. / or Box n	0.
	Town / City Prov	vince / State	
	Postal Code/ Zip	Code	
TELEPHONE	NUMBER : ()	
EMAIL ADDR	RESS:		

3. FAMILY STATUS:_	/		_/	_/
1	Single	Single Parent	Married	Common-law
SPOUSE'S NAME : (if	applicable)			
SPOUSE'S BAND : (if a	pplicable)			
IS SPOUSE EMPLOYE				
IS SPOUSE A STUDEN	Yes T ·	A DFP	ENDENT :	No
	Yes / N			Yes / No

**If spouse is a dependent , please enclose a letter from your spouse to verify that he / she is not receiving income from any other source. If no letter is on file, your spouse will not be considered as a dependent ,but as employed. **

DEPENDENT CHILDREN :

1.			4	
	NAME	AGE	NAME	AGE
2.			5.	
	NAME	AGE	NAME	AGE
3.			6.	
	NAME	AGE	NAME	AGE

(If you need more space, attach another sheet with the required information to the application)

IN THE EVENT THAT YOU CANNOT BE REACHED AT YOUR RESIDENCE, LEAVE A NAME AND NUMBER WHERE A MESSAGE MAY BE LEFT FOR YOU.

ADDRESS:

Apartment no. / Street no. / Box no.

Town/City Province Postal/Zip Code

TELEPHONE: ()

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 O	F AUTHORIZATION : FOR	THE STUDENT'S FILE
I hereby authorize that all inf LITTLE PINE FIRST NATIO		demics may be released upon request to
STUDENT'S NAME: (please	print)	
STUDENT'S SIGNATURE:		
DATE:	STUDENT #:	
INSTITUTION:		
SESSION(S): Specify Regular Session year)		ession & Summer Session, (May - Aug.
8. STUDENT'S RELEASE O	F AUTHORIZATION : TO F	BE SENT TO INSTITUTE
I hereby authorize that all inf LITTLE PINE FIRST NATIO		demics may be released upon request to
STUDENT'S NAME: (please	print)	
STUDENT'S SIGNATURE:		
DATE :	STUDENT #:	
INSTITUTION:		
SESSION(S):		
Specify Regular Session	n (Sept - April, year) // Interce	ession & Summer Session, (May - Aug. ye

>	***	******	******
		DIRECT DEPOS	IT
	**Direct deposi	t is available to residents with	h Canadian Accounts only **
NAME:			
ADDRESS:			
	Apartment no. / St	reet no. / Box no.	
	Town / City	Province / State	Postal / Zip Code
TELEPHONE:	()		
NAME AND AL	DDRESS OF BANK :		
BANK TELEPH	IONE : ()		
BANK TRANSI	T NUMBER : (must	t be 5 digits)	
STUDENT ACC	COUNT NUMBER :		
TYPE OF ACC	OUNT : (e.g.: saving	s, chequing)	
ALL INFORMA	ATION WILL BE KI	EPT STRICTLY CONFIDEN	NTIAL.

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