

# Canoe Lake Cree First Nation

Phone: (306) 829-2150  
Fax: (306) 829-2101  
clfcn@sasktel.net

Box 231  
Canoe Narrows, SK  
S0M 0K0



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## RE : DOCUMENTS REQUIRED

**\*\* If you are a Returning Student , you have been funded to date \_\_\_\_\_ months \*\***

All student history of funding months is calculated each year on the Post Secondary Nominal Roll Report . which is submitted to Aboriginal Affairs and Northern Development Canada (AANDC)

Your application has been received . However , before we can proceed further , we need the following documentation :

|  | PLEASE SEND | ON FILE |
|--|-------------|---------|
| 1 . STATUS CARD VERIFICATION<br>(photo copy of card) | _____       | _____   |

|   |       |       |
|---|-------|-------|
| 2 . INSTITUTE ACCEPTANCE<br>(copy of acceptance letter from the institution ) | _____ | _____ |
|---|-------|-------|

|                         |       |       |
|-------------------------|-------|-------|
| 3 . PROGRAM INFORMATION | _____ | _____ |
|-------------------------|-------|-------|

(VERIFICATION THAT PROGRAM HAS ENTRANCE REQUIREMENT LEVEL OF GRADE 12 GED 12 OR ABE 12 , AND IS 8 MONTHS IN LENGTH or longer )

|                              |       |       |
|------------------------------|-------|-------|
| 4 .TRACKING SHEET OF CLASSES | _____ | _____ |
|------------------------------|-------|-------|

(upon approved funding - with the assistance of and academic counsellor send a list of courses required to complete your CERTIFICATE / DIPLOMA / DEGREE / MASTERS / PH . D )

|                                 |       |       |
|---------------------------------|-------|-------|
| 5. MOST RECENT MARK TRANSCRIPTS | _____ | _____ |
|---------------------------------|-------|-------|

|                            |       |       |
|----------------------------|-------|-------|
| 6 . DEPENDENT VERIFICATION | _____ | _____ |
|----------------------------|-------|-------|

(Revenue Canada-Child Tax Form )  
School registration / dependents residing or not residing with the student

|                             |       |       |
|-----------------------------|-------|-------|
| 7 . DEPENDENT SPOUSE LETTER | _____ | _____ |
|-----------------------------|-------|-------|

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

**\*\*\*\*\* STUDENTS WHO APPLY FOR POST SECONDARY FUNDING FROM THEIR FIRST NATION MUST WAIT FOR APPROVAL OF FUNDING BEFORE THEY REGISTER , DUE TO THE FINANCIAL OBLIGATION YOU WILL HAVE \*\*\*\*\***

|                              |       |       |
|------------------------------|-------|-------|
| 8 . FINAL REGISTRATION ***** | _____ | _____ |
|------------------------------|-------|-------|

(official form from institution listing classes in which you will be enrolled in )

Please forward documentation as soon as possible

**FAILURE TO SUBMIT THIS DOCUMENTATION BY \_\_\_\_\_ WILL RESULT IN DELAYS OR DISQUALIFICATION OF YOUR REQUEST OF STUDENT FUNDING .**

**TO DISCUSS YOUR APPLICATION , PLEASE CONTACT OUR OFFICE AT (306) 829 2150**

Ida Iron  
Post Sec./Director of Education