

**Canoe Lake**



**Cree First Nation**

**Canoe Lake Cree First Nation  
Education Department**

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**Post Secondary Student Support Program**

***Application Form For Post Secondary Educational Assistance***  
***Deadline: June 30***

# Canoe Lake Cree First Nation

## Application for Post-Secondary Assistance

### General Information and Requirements:

#### A.) Eligibility

1. Applicant must have a grade 12 or equivalent grade twelve-(GED 12).
2. The program must require a grade twelve entrance. The program must be eight months in length.
3. Students must be enrolled and accepted to the University or Institution in a program of study.
4. Application will only be deferred if students do not apply before the application deadline or if number of eligible application exceeds the budget. This is in accordance to the rules and regulations set out in each administering organization operations guidelines.

#### B.) Types of Assistance

1. Tuition – student's tuition will be paid. Students will receive funds for textbooks and supplies, which are listed as requirements by the institution of study. We are not responsible for student registration fees or for late registration fees.
2. Living Allowance – allowances will not exceed the amount set out by the budget. Where students attend a foreign institution, this will not exceed maximum levels of in Canadian funds.
3. Travel – students will be granted a travel grant, once every semester, if they are required to live away from their permanent place of residence. This is calculated to be equal to the return transportation of the student's permanent place of residency to the nearest post-secondary institution, which offers the program the student wishes to study.
4. Part-time student – may receive assistance for tuition and the cost of books and supplies as noted above which are listed as required by the institution of study.

#### C.) Limits of Assistance

There are three levels of assistance:

- Level One – Community College and CEGEP diploma or certificate programs. These programs must be eight months in length.
- Level Two – Undergraduate Programs. These programs will lead to a degree. The programs are three to four years in length.
- Level Three – Advanced or professional degree programs (Master's or Doctoral Programs). These programs are twenty-four months in length.

#### 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 will provide is protected.

#### First Application submitted

Post School/Program Yes  No

### Part A: Student Information

|   |  |             |                                    |
|---|--|-------------|------------------------------------|
| Last Name   | First:   | Initials    | S.I.N.                             |
| Current Address:  |  | Post. Code  | Phone:                             |
| Home Permanent address:   |  | Post. Code  | Phone:                             |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Off Reserve |  |             | Bill C-31 <input type="checkbox"/> |
| Birth Date<br>____/____/____<br>Day Month Year  | Usually Live:<br>On Reserve                      Off Reserve |             | Treaty No.                         |
| Next of Kin:  | Address:   | Postal Code | Phone:                             |

### Part B: Family Status

| Spouse's Name:   |      | Date of Marriage/Common Law:             |              |
|--|------|--|--------------|
| List your dependants, their ages and if they are residing with you:  |      |  |              |
| Name:  | Age: | Does he/she reside with you? (Yes or No) | Birth Dates: |
|  |      |  |              |
|  |      |  |              |
|  |      |  |              |
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|  |      |  |              |
|  |      |  |              |
|  |      |  |              |
| If spouse is not residing with you, explain why? (Separated, Etc.)   |      |  |              |
| My spouse is presently employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other |      |  |              |
| If other, explain. (e.g., School)  |      |  |              |

### Part C: Previous Education and Training

| Schooling/Training  | Name | Location | Completed |    | Year Completed | Certificates or Diploma Received |
|---------------------|------|----------|-----------|----|----------------|----------------------------------|
|                     |      |          | Yes       | No |                |                                  |
| High School         |      |          |           |    |                |                                  |
| Community           |      |          |           |    |                |                                  |
| College             |      |          |           |    |                |                                  |
| Technical institute |      |          |           |    |                |                                  |
| Private             |      |          |           |    |                |                                  |
| University          |      |          |           |    |                |                                  |
| Other (specify)     |      |          |           |    |                |                                  |

**Part D Assistance Required**

I am applying for assistance for funding to enrol at a post secondary at which I have been accepted: \_\_\_\_\_ (Initials)

|  |  |  |  |
|--|--|--|--|
| Application Date:<br>____/____/____<br>Day Month Year  | Training Date:<br>____/____/____<br>Day Month Year | Date of Graduation<br>____/____/____<br>Day Month Year                           | Attendance<br>Full Time <input type="checkbox"/><br>Part Time <input type="checkbox"/>                           |
| Program or Course of Study   | Institution  | Location   | F <input type="checkbox"/> IS <input type="checkbox"/><br>W <input type="checkbox"/> SS <input type="checkbox"/> |
| Institution Acceptance Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |  | Documentation attached? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Type of Institution <input type="checkbox"/> University Entrance   | <input type="checkbox"/> University Bachelor       |  |  |
| <input type="checkbox"/> Technical   | <input type="checkbox"/> University Ph. D          |  |  |
| <input type="checkbox"/> Community College   | <input type="checkbox"/> College Preparation       |  |  |
| <input type="checkbox"/> Private Institution   | <input type="checkbox"/> Other                     |  |  |

**Part E: Estimated Costs (office use only)**

|   | Actual Amount Funded         | Fiscal Year 20____ | Requested Additional Amount |
|---|------------------------------|--------------------|-----------------------------|
| 1. Monthly Allowance                                      |                              |                    |                             |
| 2. Tuition  |                              |                    |                             |
| 3. Books & Supplies                                       |                              |                    |                             |
| 4. Travel   |                              |                    |                             |
| 5. Special Contingency                                    |                              |                    |                             |
| 6. (Other) Specify  |                              |                    |                             |
| 7.  |                              |                    |                             |
| 8.  |                              |                    |                             |
| Subtotal  |                              |                    |                             |
| Total Financial Commitment                                |                              |                    |                             |
| Planned number of Student Months <input type="checkbox"/> | Post-Sec                     | UEP                | Undergrad Program(s)        |
|   | Previous Student Months used |                    | Undergrad Program(s)        |

**Part F: Students Approval**

I hereby authorize that the above information concerning my academics may be released upon request to the Canoe Lake Cree First Nation.

I will complete a student monitoring report signed by an education counsellor at my institution of study.

I accept responsibility to complete and satisfy the academic requirements at my institution of study. I will manage the education assistance to the best of my ability.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Part G: Approval Recommendation**

- This application is recommended for approval.
- This application is recommended for approval: Part-time studies, tuition, books & supplies.
- This application is approved for financial assistance in Part D and E.
- This application is refused for:  1. Financial Reasons  2. Other (Specify)

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post-Secondary Counsellor \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature**

Director of Education \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature**