

# NEW APPLICANT FORM

**DEADLINE DATE: FALL SEMESTER – JUNE 15<sup>th</sup>**

**WINTER SEMESTER – NOVEMBER 15<sup>TH</sup>**

## **ELIGIBILITY**

1. The student must be a registered member of the Pasqua First Nation #79
2. The student must be accepted for enrollment in a recognized post-secondary institution
3. The program must lead to a recognized certificate, diploma, degree or journeyman

## **TYPES OF ASSISTANCE**

1. Tuition: As defined in the Pasqua Post-Secondary Student Support Program (PSSSP)
2. Books: As defined in the PSSSP
3. Student Support: A rate set by the Pasqua First Nation Education Committee for all students approved for full-time sponsorship under the PSSSP

## **LIMITS OF ASSISTANCE**

1. Full-Time students are sponsored up to a maximum amount of 48 student months as outlined in the PSSSP
2. Private and foreign institutions: Only recognized institutions will be considered
3. If programs are 2 years or less, students may be required to provide a letter from their local Indigenous Skills and Employment Training (ISET) Provider before application would be considered. To find your local ISET provider, please visit:  
<https://www.canada.ca/en/employment-social-development/programs/indigenous-skills-employment-training/service-delivery-organizations.html>

## **COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:**

1. A copy of your class registration
2. A copy of your Pasqua First Nation Treaty Card
3. A copy of your grade 12, GED 12 or Adult 12 transcripts
4. A copy of your acceptance letter from post-secondary institution
5. A statement of your future career goals in Section E
6. Direct Deposit Form

**Failure to fully complete all the fields within the application may result in disqualification of application. Applications and all supporting documents can be emailed to:**

**[paula.dubois@pasquafn.ca](mailto:paula.dubois@pasquafn.ca)**

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BOX 79 PASQUA, SASKATCHEWAN, S0G 5M0 PHONE: (306) 332-5199 FAX: (306) 332-5199  
pfnpostsec@gmail.com

**Privacy Act Statement**

Information provided on this document is for the purpose of resourcing and administering post-secondary financial assistance. Personal information provided under the privacy act.

IS THIS YOUR FIRST TIME APPLY FOR FUNDING FROM THE PASQUA POST-SECONDARY STUDENT SUPPORT PROGRAM? YES \_\_\_ NO \_\_\_

IF YOU ANSWERED NO TO THE ABOVE, PLEASE PROVIDE THE PROGRAM AND YEAR YOU RECEIVED YOUR LAST DATE OF FUNDING: \_\_\_\_\_

ARE YOU APPLYING FOR FUNDING FROM ANY OTHER AGENCIES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ANSWERED YES, PLEASE SPECIFY WHICH AGENCY: \_\_\_\_\_

## **PART A: STUDENT INFORMATION**

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

CURRENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH M/D/Y: \_\_\_\_/\_\_\_\_/\_\_\_\_ NUMBER OF DEPENDENTS \_\_\_\_\_

TREATY NUMBER: \_\_\_\_\_ (PLEASE PROVIDE COPY WITH APPLICATION)

NEXT OF KIN: NAME, ADDRESS AND PHONE NUMBERS: \_\_\_\_\_

**\*PLEASE NOTE: PASQUA FIRST NATION HAS THE RIGHT TO CONSULT WITH SOCIAL SERVICES, CANADA-SASKATCHEWAN INTERGRATED STUDENT LOANS PROGRAM AND OTHER FUNDING AGENCIES TO AVOID DOUBLE FUNDING SITUATIONS**

**PART B: EDUCATION AND TRAINING INFORMATION**

<b>SCHOOL/ TRAINING</b>	<b>NAME</b>	<b>LOCATION</b>	<b>HIGHEST LEVEL ACHIEVED</b>	<b>YEAR COMPLETE</b>
HIGH SCHOOL:				
COMMUNITY BASED PROGRAM:				
REGIONAL COLLEGE PROGRAM:				
TECHNICAL INSTITUTE:				
PRIVATE INSTITUTE:				
UNIVERSITY:				
OTHER: (SPECIFY)				

**PART C: ASSISTANCE REQUIRED**

I AM APPLYING FOR:

\_\_\_\_\_ **FULL-TIME SPONSORSHIP:** LIVING, BOOK ALLOWANCE AND TUITION

\_\_\_\_\_ **ENTRANCE PREPARATION PROGRAM:** LIVING, BOOK ALLOWANCE AND TUITION

\_\_\_\_\_ **PART-TIME SPONSORSHIP:** BOOK ALLOWANCE AND TUITION

\_\_\_\_\_ **TRADES AND APPRENTICESHIP:** BOOK ALLOWANCE AND TUITION

\_\_\_\_\_ **GRADUATE/MASTERS PROGRAM:** BOOK ALLOWANCE AND TUITION ONLY



**PART F: STUDENT APPROVAL**

\_\_\_\_ I WILL PROVIDE A TRANSCRIPT OF MARKS TO THE PSSSP AFTER EACH SEMESTER OF STUDY AND I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN THE SUSPENSION OF MY FUNDING

\_\_\_\_ I ACCEPT THE TERMS AND CONDITIONS FOR MEETING ACADEMIC REQUIREMENTS AND WILL KEEP THE PSSSP INFORMED OF ANY CHANGES IN MY PERSONAL AND EDUCATIONAL CIRCUMSTANCES AND I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN THE SUSPENSION OF MY FUNDING

\_\_\_\_ I UNDERSTAND THAT FAILURE TO REPORT ANY OTHER FUNDING MAY RESULT IN OVERPAYMENT (FRAUD) AND WILL AFFECT FUTURE APPLICATIONS

\_\_\_\_ I HEREBY CONSENT THAT THE ABOVE INFORMATION IS ACCURATE AND ANY REQUESTED INFORMATION OR DOCUMENTATION REGARDING MY EDUCATION WILL BE RELEASED UPON REQUEST TO THE PSSSP

\_\_\_\_ I HEREBY ALLOW THE POST-SECONDARY COORDINATOR TO ACCESS INFORMATION FROM MY INSTITUTION REGARDING MARKS, ABSENCES, WITHDRAWALS, CHANGE OF PROGRAMS AND OTHER FUNDING AGENCIES

STUDENT NAME (Print) \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_