

POST SECONDARY STUDENT ASSISTANCE PROGRAM (PSSAP)

APPENDIX-5: EDUCATIONAL ASSISTANCE APPLICATION PAGE 1 OF 3 DENE THA' FIRST NATION EDUCATION

Box 120, Chateh, AB T0H 0S0 Phone: (780) 321-3842 Fax: (780) 321-3886

Note: False information may result in a denial of educational sponsorship or an immediate cancellation of an existing educational sponsorship by the Dene Tha' First Nation Education. Circle choices and print information where required.

PART A BASIC STUDENT INFORMATION

| New Student | New Application | Change | Usually Resides | Location |
|-------------|-----------------|----------|------------------|--------------------------|
| Yes / No | Yes / No | Yes / No | On / Off Reserve | Chateh / MR / BR / Other |

| Surname | Given Names | Sex | Birthdate | Marital Status |
|---------|-------------|-------|-----------|----------------|
| | | M / F | | S / M / CL |

| Status No. | Social Insurance No. | Telephone | No. Dependents |
|------------|----------------------|-----------|----------------|
| | | | |

| Address | City | Province | Postal Code |
|---------|------|----------|-------------|
| | | | |

| During Sponsorship Period | Employer Name | Leave of Absence | With Pay | My Income |
|----------------------------|---------------|------------------|----------|-----------|
| I will / won't be employed | | Yes / No | Yes / No | |

| Spouse Classification | Specify Income of Spouse | Spouse Confirmation Signature |
|-----------------------|---------------------------------------|-------------------------------|
| Dependent / Employed | Less than \$24,000.00 or \$ _____ .00 | |

| Dependent Surname and Given Name | Age | Status No. | Alberta Health Care |
|----------------------------------|-----|------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Personal Bank Account (Optional Information Only to Facilitate Direct Deposits if Required)

| | | | |
|-------|-------|-------------|-------------|
| Name: | Bank: | Transit No: | Account No: |
|-------|-------|-------------|-------------|

PART B EDUCATIONAL BACKGROUND

| High School Attended | Year | Program | Grade Achieved | Completed | Transcripts |
|----------------------|------|-----------------|----------------|-----------|-------------|
| | | Mat / Bus / Voc | | Yes / No | Yes / No |

| Technical Institute / College | Year | Program | Years | Completed | Transcripts |
|-------------------------------|------|---------|-------|-----------|-------------|
| | | | | Yes / No | Yes / No |
| | | | | Yes / No | Yes / No |

POST SECONDARY STUDENT ASSISTANCE PROGRAM (PSSAP)

APPENDIX-5: EDUCATIONAL ASSISTANCE APPLICATION PAGE 3 OF 3 DENE THA' FIRST NATION EDUCATION

Box 120, Chateh, AB T0H 0S0 Phone: (780) 321-3842 Fax: (780) 321-3886

PART D COST ESTIMATE FOR ACADEMIC YEAR(vv/vy): _____ / _____

| Item | Support Assistance Description | Cost Estimate | First Term | Second Term |
|--|--|---------------|------------|-------------|
| 1. | Tuition and Student Fees | | | |
| 2. | Eligible Living Allowance (see appendix 2) | | | |
| 3. | Books and Supplies | | | |
| 4. | Travel (start/end of term. Xmas break) | | | |
| 5. | Moving Expenses (start/end of term, if required) | | | |
| 6. | Damage Deposit (if required) | | | |
| 7. | Tutoring (if required) | | | |
| 8. | Graduation Expenses (detail) | | | |
| 9. | Other (specify): | | | |
| Total Support Assistance Required | | | | |

PART E CONDITIONS FOR EDUCATIONAL ASSISTANCE

I hereby make an application for sponsorship to the Dene Tha' First Nation Education (DTFNE) and fully understand and accept the following terms and conditions that:

1. I become familiar with the Post Secondary Student Assistance Program policy guidelines, limitations, actions and consequences administered by the DTFNE and authorized by Chief and Council;
2. I meet the standards required by the institution for enrollment eligibility and/or continuation of studies;
3. I have no court or legal action pending against me that may result in incarceration and prevent me from attending classes;
4. I provide transcripts or statements of performance as required by the DTFNE Coordinator of Post Secondary Student Services (CPSSS);
5. I report changes regarding my student classification and/or program status immediately to the CPSSS;
6. I manage the education assistance provided by the DTFNE to the best of my ability;
7. I have reported my spouse's income accurately and confirm that my employment income (if any) received during the duration of my sponsorship by the DTFNE has been accurately stated;

I acknowledge and understand that if I fail to meet the above terms and conditions that my sponsorship may be terminated immediately by the DTFNE.

Student Signature

Date

PART F AUTHORIZATION AND COMMENTS

Coordinator of Post Secondary Student Services

Date

Recommendation

POST SECONDARY STUDENT ASSISTANCE PROGRAM (PSSAP)

APPENDIX-7: STUDENT RELEASE FORM
DENE THA' FIRST NATION EDUCATION (DTFNE)
P.O. Box 120, Chatch, AB T0H 0S0 Phone: (780) 321-3842 Fax: (780) 321-3886

I, _____ authorize _____ to release
(print student name) (print institute name)

to the Dene Tha' First Nation Education information regarding my course selection & time table, academic standing and attendance records (attendance if possible) in the program _____
(print program name)

During the approved period of study from _____ 20 ____ to _____ 20 ____.

Student signature:

Witness signature:

Student ID number:

Witness name (Print):

Date:

Date: Phone:

REMINDER TO THE STUDENT

Please note that the above agreement permits the institute to submit timetable information, marks and/or attendance directly to the Dene Tha' First Nation Education upon inquiry of the Coordinator of Post Secondary Student Services (CPSSS).

Please note that you are also required, as a condition of sponsorship, to provide regular verbal reports and to submit copies of midterm and final marks independent of the institute to the Coordinator of Post Secondary Student Services of the Dene Tha' First Nation Education.

All information received by Dene Tha' First Nation Education will remain strictly confidential.

Dene Tha' First Nation Education (DTFNE) advises the student to mark all correspondence forwarded to the DTFNE by the student **PERSONAL AND CONFIDENTIAL** to safeguard it's content.