

Post Secondary Student Assistant Program (PSSAP)



Dene Tha' First Nation Post Secondary
PO Box 120, Chateh AB T0H 0S0
PH: 780-321-3774 FX: 780-321-3886

WELCOME

This is your application package for
DENE THA POST SECONDARY SPONSORSHIP

There is a total of **TWO Regular Intakes** for each academic year:

1. Fall Term Intake (i.e. September start date) – **Deadline: June 15th**
2. Winter Term Intake (i.e. January start date) – **Deadline: November 15th**

Applications received after deadline will not be processed!!

Please ensure that you have completed all forms attached to the application package and you have attached all required documentations, this includes both new and continuing students.

ALL SUPPORTING DOCUMENTS MUST BE INCLUDED!!

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!!

STUDENT CHECKLIST

- Application Package
 - Application Form – signed and dated (all fields must be filled in)
 - Sponsorship History – signed and dated
 - Student Contract – signed (please read before signing)
 - Student Authorization Form – signed
 - Dependent List (one piece of ID required & copy of school registration)
 - Bank Information of ATB, BMO, or CIBC – Optional
 - Release of Information (FOIP)
 - Education Plan
- Supporting Documents
 - Letter of intent – Why do you want to return to school, what are your goals, etc.
 - Clear Copy of Status Card (front & back)
 - Course List (Full-Time Students: MINIMUM OF 12 CREDITS PER TERM)
 - Fee Assessment (i.e. Tuition, books/supplies)
 - Acceptance Letter – Mandatory, NO EXCEPTIONS!
 - Statement of Marks/Transcripts – Mandatory, NO EXCEPTIONS!
 - Program Planning Guide signed by program advisor

ORIGINAL APPLICATION PACKAGE AND SUPPORTING DOCUMENTS MUST BE IN OUR OFFICE AT TIME OF DEADLINE.

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APPLICATION FOR POST SECONDARY EDUCATION SPONSORSHIP

PERSONAL INFORMATION:

Last Name:		First Name:		Second Name:	
Address: (If moving, please provide new address ASAP)					
City/Town:		Province:		Postal Code:	
Usually Resides: Chateh Bushe River Meander River Other: _____					
Phone No:		Cell No:		Email Address – Mandatory:	
Treaty No: 4480		Date of Birth:		Marital Status: S M C/L	
Previous Address: (If less than 4 yrs at current address)				Date	
Mailing Address:		City/Town:		Prov: P C:	
				From: To:	
Last High School Attended or Currently Attended:		City/Town:			Province:
Start Date:	End Date:	Grade Level Achieved:		Diploma Received: Yes No Expected	
Post Sec. Institute Last Attended or Currently Attending:		City/Town:			Province:
Start Date:	End Date:	Level Achieved or Will Achieve: Certificate Diploma Degree		Length of Time Attended:	

EDUCATION PLAN – Applying for Sponsorship to Attend:

College/University:		Location:		Program:	
Term Start Date: YY – MM – DD		Term End Date: YY-MM-DD		Expected Graduation Date:	
Length of Program:		Current Year in Program: (i.e. 2 of 4 yrs) OF		Credits Earned: _____ (Attach Official Transcript)	

Applying to Attend: ☐ Full-Time ☐ Part-Time ☐ Distance/On-Line Learning
 Applying to Begin: ☐ Fall (September) ☐ Winter (January) ☐ Spring (May) ☐ Summer (July)
 Type of Study: ☐ UCEP/Academic Upgrading ☐ Level 1 - Certificate OR Diploma
☐ Level 2 - Undergraduate Degree ☐ Level 3/4 – Graduate Degree, Masters, PHD/Doctorate
 Have you ever been sponsored by DTFN PSSAP? Yes No (If yes, complete attached sponsorship history form)

Checklist for required supporting documents: (Please ensure that all forms are completed and signed)
☐ Copy of Status Card (both sides) ☐ Letter of Intent ☐ Letter of Acceptance ☐ Dependent List
☐ Student Authorization Form ☐ Sponsorship History Form ☐ Course List ☐ Transcripts
☐ Fee Assessment (Tuition, Bks/Sup) ☐ Signed Student Contract ☐ Education Plan ☐ Bank Information
 Final approval for funding cannot be made without ALL documentation – Application package and supporting documents. All applications must include a legible copy of Treaty Card. Application package must be submitted no later than the application deadline.

DECLARATION AND APPLICATION FOR SPONSORSHIP: I HEREBY DECLARE THAT ALL INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE ALSO READ AND UNDERSTOOD THE DTFN PSSAP POLICY MANUAL INCLUDED WITH MY APPLICATION PACKAGE AND WILL HEREBY ABIDE BY THE TERMS AND CONDITIONS AS SET FORTH:

Student's Signature:	Date:
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STUDENT HISTORY

NAME:	TREATY #: 4480
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Please be aware of "Duration of Support" section of the PSSAP Policy. It is crucial that you provide your sponsorship history to the best of your knowledge. You may enter approximate dates and number of months sponsored if not sure.

DTFN PSSAP Sponsorship History:				
ACADEMIC YEAR:	PROGRAM:	PS INSTITUTE:	FULL-TIME (months)	PART-TIME (months)

Post Secondary Education Sponsorship History from Other Resources:				
ACADEMIC YEAR:	PROGRAM:	PS INSTITUTE:	FULL-TIME (months)	PART-TIME (months)

I HEREBY DECLARE THAT ALL INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE ALSO READ AND UNDERSTOOD THE DTFN PSSAP POLICY MANUAL INCLUDED WITH MY APPLICATION PACKAGE AND WILL HEREBY ABIDE BY THE TERMS AND CONDITIONS AS SET FORTH.

Student's Signature: _____ Date: _____

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STUDENT CONTRACT

I, the undersigned have read and agree to the following:

1. I will accept the responsibility to adhere to the College/University regulations and meet the standards required by the Institution for continuation in my course of studies.
2. I am aware and will adhere to the course load requirements as set out by Dene Tha' First Nation Post Secondary Student Assistant Program (DTFN PSSAP) to determine my sponsorship status and will submit a course list for every term.
3. I agree to consult with the Advisor of my program and advise the DTFN Post Secondary Education Manager (PSEM) if any problems should arise which could affect my studies and my sponsorship status.
4. I have no court or legal action pending against me that may result in incarceration and prevent me from attending my classes.
5. I agree to provide my marks and reports at the end of each semester to the PSEM.
6. I agree to report any changes to my student information and/or program status promptly in writing.
7. I authorize the PSEM to obtain information from person, agencies or organization departments to determine and/or verify my eligibility for sponsorship from DTFN PSSAP.
8. I authorize the PSEM to deduct any outstanding amounts from previous sponsorships owed to DTFN PSSAP from my living allowances.
9. I declare that all information provided is true and complete. I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as is made under oath.
10. I am aware of the DTFN PSSAP policy, sponsorship limitations, actions and consequences administered by DTFN PSEM and authorized by Chief and Council.
11. 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 DTFN PSSAP as been accurately stated.
12. I understand that I have the right to appeal any decision made with respect to my application for sponsorship in accordance within the DTFN PSSAP policy.

STUDENT NAME: (please print)
TREATY NUMBER:
STUDENT SIGNATURE:
DATE:

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STUDENT AUTHORIZATION FORM

As a condition to my Education Sponsorship I am required to give consent to the Dene Tha' First Nation Post Secondary to obtain any information pertaining to my financial, academic, enrolment status and personal information as follows:

I hereby authorize _____
(name of Learning Institution)

to release the said information above to the Dene Tha' First Nation Post Secondary manager/coordinator and/or Director of Education of the Dene Tha' First Nation when requested for the period stated below:

_____ to _____
(Print start date of Program) (Print end date of Program)

I understand the purpose of the information is solely to determine the status of my sponsorship and that Dene Tha' First Nation Post Secondary will not disclose this information to any other parties without my express written consent.

PROGRAM/FACULTY: _____

STUDENT NAME: (print) _____ STUDENT ID: _____

STUDENT SIGNATURE: _____ DATE: _____

NOTE: Please ensure you sign a release of information form with your school, and submit to DTFN Post Secondary office.

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FAMILY INFORMATION SHEET

LIST ALL OF YOUR CHILDREN WHO ARE IN YOUR CARE EFFECTIVE SEPTEMBER

(Provide copy of child's ID – Birth Certificate/AHC/School Registration)

Name of Child:	Treaty No.	Date of Birth:	Grade:	School Attending:

Proof of school registration will be required for all school aged children.

NAME OF YOUR SPOUSE IF APPLICABLE AND HIS/HER STATUS:

Name: _____

Treaty #: _____

Dependent/Employed	Specify income of spouse Less than \$30,000 or \$	Spouse Confirmation Signature
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During sponsorship period:

I will/won't be employed	Employer Name:
Leave of Absence: Yes No	With Pay: Yes No My Income: \$

STUDENT NAME: (please print) _____

TREATY NUMBER: _____

STUDENT SIGNATURE: _____

DATE: _____

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REQUEST FOR PAYMENT BY DEPOSIT

Optional information for payment purposes:

Student Name:	Address:	Treaty #: 4480
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Bank information:

ATB BMO CIBC	Transit #:	Account #:
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I hereby authorize and request PSEM to credit payments due me to my account with the financial institution designated above, until cancelled by me in writing.

Student Signature: _____ Date: _____

Note: You may also attach your bank information deposit slip or attached a VOID cheque.

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EDUCATION PLAN - _____

Student Name

Career Objectives:	Completion Date:
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Program of Studies Description:

Program:	Institute:	Student ID:
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() Certificate () Diploma () Degree () Graduate/Masters/PhD/Doctorate

CORE COURSES:

YEAR 1 – 20__/_

Course ID:	Course Description:	Credit:	Term:

ELECTIVES:

Course ID:	Course Description:	Credit:	Term:

TOTAL CREDITS EARNED:

CORE COURSES:

YEAR 2 – 20__/_

Course ID:	Course Description:	Credit:	Term:

ELECTIVES:

Course ID:	Course Description:	Credit:	Term:

TOTAL CREDITS EARNED:

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CORE COURSES:

YEAR 3 – 20__/____

Course ID:	Course Description:	Credit:	Term:

ELECTIVES:

Course ID:	Course Description:	Credit:	Term:

TOTAL CREDITS EARNED:

CORE COURSES:

YEAR 4 – 20__/____

Course ID	Course Description:	Credit:	Term:

ELECTIVES:

Course ID:	Course Description:	Credit:	Term:

TOTAL CREDITS EARNED:

COMMENTS: _____

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PROGRAM COST

Application Fee: (If paid attach receipt)	
Registration/Tuition Deposit: Date required by:	
Tuition and Student Fees:	
Mandatory Books:	
Supplies: (specify below)	
Travel: if required (start/end of term, x-mas break)	
Moving Expenses: if required (start/end of term, max. \$200)	
Eligible Living Allowance:	
Damage Deposit: if required (Up to max. \$500)	
Tutoring: if required	
Other (specify):	
Graduation Expense: if required (max. \$400)	

Note: Only mandatory student fees will be covered, optional fees (i.e Health/Dental, etc.) will not be covered. Deadlines are in place at PS Institutes to opt out of these fees, see student services for this information. If tuition deposit is paid, attach receipt.

Supplies (specify):

Travel (specify if required other than stated above, i.e practicum):

Graduation Expense: (Detail and provide copy of Institute invitation)

COMMENTS:

TOTAL SUPPORT ASSISTANCE REQUIRE: _____

STUDENT NAME: (please print)

STUDENT SIGNATURE:

DATE:
