

POST SECONDARY STUDENT SUPPORT PROGRAM
FUNDING APPLICATION FORM



Kapawe'no First Nation

APPLICATION DEADLINES

START DATE	TERM	DEADLINE TO APPLY
September Start Date	FALL	
January Start Date	WINTER	
May Start Date	SPRING	
July Start Date	SUMMER	

Kapawe'no First Nation
Education Department
P.O. Box 10
Grouard, Alberta T0G 1C0
780-751-3800 Office
780-751-3864 Fax
780-523-0882 Cell Deb

Applying For: Academic Year _____

- ☐ FALL (September Start) ☐ WINTER (January Start)
☐ SPRING (May & June) ☐ SUMMER (July & August)

Please check one of the following:

- ☐ I am a new student applying for sponsorship
☐ I am a continuing student from the previous academic year
☐ I am a returning student following a break of more than one academic year
☐ I am applying for a UCEP/upgrading Program

☐ I am applying for Part-Time student support
-

Part One: Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Social Insurance No. ____/____/____ Gender: ☐ Male ☐ Female

Do you live on or off reserve? _____ Treaty No. _____ First Nation: _____

Address: _____

Telephone No. (Home) _____ (Cell) _____ Fax: _____

Email Address: _____

Marital Status: ☐ Single ☐ Married ☐ Common-Law ☐ Separated ☐ Divorced

Part Two: Dependent Information

*Person(s) under 18 living with and completely financially dependent on applicant.

Name	Birth Date	Gender
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female

*Copies of Birth Certificate/Alberta Health Card must be provided

If Married/Common Law is your partner:

Living with you for at least 6 months? ☐ Yes ☐ No Employed: ☐ Yes ☐ No In school full time? ☐ Yes ☐ No

FULL NAME OF SPOUSE (If Married or Common Law)

Last Name _____ First Name: _____ Birth Date: _____

Part Three: Institution and Program Information

Institution: _____

Student ID Number: _____

Program: _____ Online Account/Password: _____

Year of Study: _____ Program Length: _____

Program Type	<input type="checkbox"/> College Prep <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor of Arts (BA) <input type="checkbox"/> Bachelor of Law (LLB)	<input type="checkbox"/> Bachelor of Science (BSc) <input type="checkbox"/> Master of Law (LLM) <input type="checkbox"/> Master of Arts (MA) <input type="checkbox"/> PhD <input type="checkbox"/> PDP <input type="checkbox"/> Other _____	Semester Funding (please check all that apply)	<input type="checkbox"/> Sept-Dec <input type="checkbox"/> Jan-Apr <input type="checkbox"/> May-Aug <input type="checkbox"/> Other dates (specify): _____ _____

Enrolled in: ☐ Full-time Studies ☐ Part-time studies

Start Date: _____ **End Date:** _____ **Expected Graduation Date:** _____

Part Four: Previous Education Information

What is the highest level of education you have completed (list any courses, certificates, diplomas that you have completed up to this point):

Institution: _____ Program: _____ Length: _____ Completed(Y/N): ____ Year completed: _____

Institution: _____ Program: _____ Length: _____ Completed(Y/N): ____ Year completed: _____

Institution: _____ Program: _____ Length: _____ Completed(Y/N): ____ Year completed: _____

Institution: _____ Program: _____ Length: _____ Completed(Y/N): ____ Year completed: _____

Have you ever received funding or sponsorship from the Kapawe'no First Nation? ☐ Yes ☐ No

If yes, please explain:

Have you ever applied to Freehorse? ☐ Yes ☐ No

If yes, please explain: (i.e. how many years)

Are you currently employed? ☐ Yes ☐ No

If yes, where: _____

Part Five: Financial Information

Current Monthly Income/Expenses:

<u>Income:</u>		<u>Expenses:</u>	
Work Income	\$ _____	Housing	\$ _____
Spouse's Work Income	\$ _____	Utilities	\$ _____
Employment Insurance	\$ _____	Food	\$ _____
Child Support	\$ _____	Transportation/Bus pass	\$ _____
Student Loan	\$ _____	Child Care	\$ _____
Scholarships, Grants, etc.	\$ _____	Medical Coverage	\$ _____
Other Income	\$ _____	Clothing	\$ _____
Support for Independence/AISH	\$ _____	Other Expenses (specify)	\$ _____
<u>Total Monthly Income:</u>	<u>\$ _____</u>	<u>Total Monthly Expenses:</u>	<u>\$ _____</u>

Other:

Part Six: Career Goals and Objectives:

This statement is very important to the selection committee for evaluating your application. It introduces your plans for your future. Please write a brief summary of your educational and career plans. As well, please include the program of studies for which you are applying and how that program will help you in achieving your career goals. You should also comment on your academic and/or work history and how it is related to your intended program of studies. (If you need more space, please attach the additional pages)

MY CAREER GOALS AND OBJECTIVES

I confirm that the provided information is complete and accurate. I accept responsibility for satisfying the academic requirements of the above institution and managing the education funds to the best of my ability.

Student Signature

Date

Authorization for Release of Information & Student Declaration / Student Sponsorship Contract

I, _____, Student ID Number _____

HAVE READ and do hereby authorize:

(Insert Name of School/Institution)

To release to the Kapawe'no First Nation– Education Department information that may be required from

_____ to _____.

(First day of course program)

(Last day of course program)

The information to which the Kapawe'no First Nation –Education is authorized to obtain includes, but is not limited to the following:

- Official transcripts of grades and/or financial information
- Progress Reports
- Academic Status – Detailed course outline and class schedule
- Copies of any email, written notices, advice or direction regarding my ongoing status as a student including attendance reports.
- Any information deemed pertinent to my application to the Kapawe'no First Nation Education Division.

I do hereby agree to notify Kapawe'no First Nation Education Coordinator in the event:

- Upon withdrawal from the Institutional program or courses I am currently enrolled;
- Unexcused absence for more than five (5) consecutive days.

I also give authorization to the Kapawe'no First Nation –Education Department to withdraw me from any courses that I am enrolled within the Institution.

Student Signature: _____ **Date:** _____

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SPONSORSHIP AGREEMENT

1. I agree to complete the application forms, as the Kapawe'no First Nation Education department deems proper.
2. I agree to keep in contact with the Kapawe'no First Nation Education department regarding my academic status.
3. I have been informed that all personal information that has been collected and compiled is for the purposes of the Kapawe'no First Nation Education department. This information will be kept for my personal file.
4. I agree to attend classes/training of full-time basis; including arriving on time and staying the full class day.
5. I agree to complete and hand in all assignments on time.
6. I agree to call the school/instructor prior to the course start time when I cannot attend class and give reason for my absence.
7. I agree to arrange dental, doctor or other personal appointments outside of classroom hours where possible.
8. I agree to have my progress and attendance reports to be sent to Kapawe'no First Nation Education department. I will notify the Kapawe'no First Nation Education department upon withdrawal or termination of studies.

I do solemnly promise to uphold this agreement. I will inform Kapawe'no First Nation Education department as to any changes in my information that may affect my funding.

Student Signature

Date

Coordinator of Education Signature

Date

Checklist of what is needed for Sponsorship Application:

- ☐ Letter of acceptance and admission in course requirements and/or continuing studies.
- ☐ Cost of Tuition and Books (original copy)
- ☐ Additional Funding Release Form
- ☐ Proof of dependants; copies of child/children birth certificates or Alberta Health care cards.
- ☐ A copy of Treaty Status card
- ☐ A official copy of Transcripts; continuing or previously enrolled in an institutional program
- ☐ Signed *Release of Information & Student Declaration/ Student Sponsorship Contract (pg.5)*

ALL COMPLETED INFORMATION IS REQUIRED TO BE CONSIDERED PRIOR TO KAPAWE'NO FIRST NATION EDUCATION COORDINATOR 'S APPROVAL

PLEASE FORWARD COMPLETED APPLICATION TO OUR OFFICE AT LEAST SIX WEEKS PRIOR TO YOUR COURSE START DATE.

APPLICANTS ARE APPROVED ON A FIRST-QUALIFIED, FIRST-ACCEPTED BASIS.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT OUR OFFICE.

Kapawe'no First Nation 780-751-3800

OFFICE USE ONLY

FUNDED APPLICATION CHECK LIST

The following should be included in the file:

	YES	NO	NA	If no, please explain
1. Original Funding Application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Client Confidentiality & Consent Forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. School Letter Of Acceptance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Copy of Status Card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Previous School Year Transcripts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Cost of Tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
7. Cost of Books & Supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
8. Copy of Dependant Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
9. Please ensure the student signed the following pages of the Funding Application:				
a. Page 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
b. Page 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
c. Page 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Coordinator of Education's name Print

Date

Coordinator of Education's signature

Date