



KEEWATIN FIRST NATION STUDENT SERVICES

102 - 83 Churchill Drive
Thompson, Manitoba
R8N 0L6

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POST-SECONDARY APPLICATION FORM

FOR OFFICE USE ONLY

NEW CONTINUING P.S.S.P. U.C.E.P. I.S.S.P.

DATE OF APPLICATION ____ / ____ / ____

DATE APPLICATION COMPLETED ____ / ____ / ____

SECTION 1 PERSONAL INFORMATION:

Full Name: _____ Band/Treaty #: _____

Birth Name: _____ (if different than above, ie. maiden name, etc)

Birthdate: _____ S.I.N. #: ____ / ____ / ____ Medical #: _____

Marital Status: Single Separated
 Married Common-law
 Divorced

Usually live: ON Reserve
 OFF Reserve

Current address: _____ If you answered "ON Reserve" please give Reserve Address: _____

(Province) _____ (Postal Code) _____ (Province) _____ (Postal Code) _____

Telephone: () _____ Telephone: () _____

SECTION 2 FAMILY INFORMATION:

Complete if claiming dependents

Spouse: _____ Birthdate: _____

For the period I am applying for assistance, my spouse: Will live with me Yes No
Will be a full-time student Yes No If yes, who is the sponsor / employer
Will be employed Yes No Name: _____
Address: _____

Dependent's Name:	Birthdate: (D/M/Y)	Lives with me:	Grade:
1) _____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2) _____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3) _____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4) _____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5) _____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6) _____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

For additional dependents use the ADDITIONAL COMMENTS section.

I hereby authorize K.F.N.S.S. to verify the above information as needed.

Signature of Student: _____

Date: _____

Witness by: _____

Date: _____

SECTION 3 ACADEMIC BACKGROUND:

Highest Grade Completed: _____ Level _____ Year _____

Name of School: _____

Address of School: _____

(Province)

(Postal Code)

Last Post-Secondary Institution Attended: _____

Degree/Certificate/Diploma attempted: _____ Completed Yes No

If no, please explain: _____

Other Educational Institutions Attended: _____

NAME	LOCATION	PROGRAM	DIPLOMA/CERTIFICATE	YEAR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LATEST TRANSCRIPTS MUST BE ATTACHED

SECTION 4 APPLICATION:**Part A**

I hereby make application for assistance to attend:

Program of studies or course: _____ Start Date: _____

Name of Institution: _____

Address of Institution: _____

(Province)

(Postal Code)

Length of program: _____ What year of program are you in: _____

 Full time Part time Student No. _____ Credit hours attempting _____

Credit hours completed (of previous years): _____

List registered courses and credit hours for this year:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Expected date of graduation: _____

Total Credit hours to date: _____

Part B

I UNDERSTAND THE FOLLOWING CONDITIONS FOR SPONSORSHIP BY KEEWATIN FIRST NATION STUDENT SERVICES

I undertake the following conditions for sponsorship by Keewatin First Nation Student Services

1. To attend classes regularly and consistently.
2. To consult with my counsellor if any problems arise academically, emotionally, physically, or financially.
3. To adhere to University/College regulations and meet the standards required by the school for continuation in my program of studies.
4. To provide my marks and reports to the Keewatin First Nation Student Services upon my counsellor's request.
5. To adhere to any rules and regulations as may from time to time be advised to me by the Keewatin First Nations Student Services
6. To consult with my counsellor of any changes of residence, dependents, etc.

I have read this application for educational assistance and agree to the conditions as outlined by Keewatin First Nation Student Services

Signature: _____ Date _____

