

# **KEEWATIN FIRST NATION STUDENT SERVICES**

23 Nickel Road Thompson, Manitoba R8N 0Y4 Tel: (204) 677-2341 Fax: (204) 677-0257

## **POST-SECONDARY APPLICATION FORM**

FOR OFFICE USE ONLY							
NEW 🗖 CONTIN	NUING 🗖	P.S.S.P. 🗖 U.	.C.E.P. 🗖	1.S.S	.P. 🗖		
DATE OF APPLICATION//							,
						PLETED/_	/
SECTION 1 PERSONAL INFORMATION:							
Full Name:		-					
Birth Name:							
Birthdate:					/	Medical #:	
Marital Status: Single Separated	N	Usually live:		Reserve Reserve			
Current address:		lf you answered	d "ON Reserv	/e" please	e give Reserv	e Address:	
(Province) (P	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 wi	th me	🗌 Yes	No			
	Will be a fu	ull-time student	🗌 Yes	No	lf yes, who	) is the sponsor / emp	loyer
	Will be em	ployed	🗌 Yes	No	Name:		
					Address: _		
Dependent's Name:	Birthdai	te: (D/M/Y)	Lives w	ith me:		Grade:	
1)	/	/	🗌 Yes	No			
2)	/	/	🗌 Yes	No			
3)	/	/	Yes	□No			
4)	/	/	Yes	No			
5)		/	Yes	□No			
6)			Yes	 □ No			
For additional dependents use the ADDTIONAL COMMEN							
	is section.						
I hereby authorize K.F.N.S.S. to verify the above information	n as needed.						
Signature of Student:					Date:		
-	_						
Witness by:					Date:		

SECTION 3 ACADEMIC BAC	KGROUND:			
Highest Grade Completed:	Level	Year		
Name of School:				
Address of School:				
		(Postal Codo)		
(Province)		(Postal Code)		
Last Post-Secondary Institution Att	ended:			
Degree/Certificate/Diploma attemp				
If no, please explain:				
Other Educational Institutions Atte	ended:			
NAME	LOCATION	PROGRAM	DIPLOMA/CERTIFICATE	YEAR
	LATES	T TRANSCRIPTS MUST BE AT	TACHED	
SECTION 4 APPLICATION: Part A				
I hereby make application for assis	tance 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 a	are you in:	
□ Full time □ Part time Stud	dent No.		j	
Credit hours completed (of previou	ıs years):	_		
List registered courses and credit h	ours for this year:			
Expected date of graduation:		Total Credit hours to da	ate:	

### 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.

To consult with my counsellor if any problems arise academically, emotionally, physically, or financially.
 To adhere to University/College regulations and meet the standards required by the school for continuation in my program of studies.
 To provide my marks and reports to the Keewatin First Nation Student Services upon my counsellor's request.
 To adhere to any rules and regulations as may from time to time be advised to me by the Keewatin First Nations Student Services
 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 \_

#### Part C

DESCRIBE CAREER GOALS:

D		

## Part D

DATES

PREVIOUS KEEWATIN FIRST NATION STUDENT SERVICES/SPONSORSHIP:

#### CREDIT HOURS COMPLETED

From	То	 
	То	 

### OFFICE USE ONLY

Req	uired Documents Received:	
	Transcript	
	Letter of Acceptance	
	Registration	
	Funding Effective From	To
EST	IMATED COSTS:	
	Tuition \$	
	Registration fees \$	
	Books and Supplies \$	
	Other \$	
А.	Instructional costs  \$	
	Allowance s monthly x months Se	easonal Travel \$ one way
	SCHOLARSHIPS: (Check one)	
	1. Allowance Increase Incentive  2. Academic Achieve	ment 🗌 3. Post-Graduate Studies 🗌
	4. Other: (specify)	S
В.	Financial costs \$	
	TOTAL: (A & B) \$	
	Number of Student months Student	nt months USED Remaining months
	COMMENTS:	

Denied	Specify conditions, if any:	
	Date	
	Denied	Denied Specify conditions, if any:

- 1. Letter of Acceptance/Registration
- 2. Latest transcript of marks: and
- 3. All sections of application completed and signed.

OUT OF PROVINCE STUDENTS INCLUDE A DESCRIPTION OF YOUR PROGRAM OF STUDIES, ESTIMATED COSTS, AND CONTACT PERSON WITHIN YOUR POST SECONDARY INSTITUTION, preferably a counsellor.

#### RELEASE FORM

Upon request, I hereby authorize the release of my latest transcript, progress report(s) and attendance record(s) as a condition for sponsorship by the Keewatin First Nation Student Services

Institution: \_\_\_\_\_\_\_
Program: \_\_\_\_\_\_\_
Student Number: \_\_\_\_\_\_
Student Name: (print) \_\_\_\_\_\_
Student Signature: \_\_\_\_\_\_
Date: \_\_\_\_\_\_
ADDITIONAL COMMENTS: \_\_\_\_\_\_