



# Keewatin Tribal Council

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## CONTINUING POST-SECONDARY APPLICATION FORM

### FOR OFFICE USE ONLY

CONTINUING ☐ P.S.S.P. ☐ I.S.S.P. ☐

DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF APPLICATION COMPLETED \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION 1 PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_ First Nation & Treaty #: \_\_\_\_\_

Birth Name: \_\_\_\_\_ (if different from above)

DOB (m/d/y) : \_\_\_\_\_ SIN: \_\_\_\_\_ MEDICAL: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ C/L \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

### SECTION 2 FAMILY INFORMATION: (IF CHANGED SINCE LAST APPLICATION)

Spouse: \_\_\_\_\_ DOB (m/d/y): \_\_\_\_\_

My Spouse is: Living with me full-time YES NO

Will be attending University / College full-time YES NO

(if yes, who is sponsor) ? \_\_\_\_\_

Employed YES NO

Dependents Names: (If changed since last application)

1. \_\_\_\_\_ DOB (m/d/y) \_\_\_\_\_ Lives with me \_\_\_\_\_ Grade: \_\_\_\_\_

2. \_\_\_\_\_ DOB (m/d/y) \_\_\_\_\_ Lives with me \_\_\_\_\_ Grade: \_\_\_\_\_

3. \_\_\_\_\_ DOB (m/d/y) \_\_\_\_\_ Lives with me \_\_\_\_\_ Grade: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* APPLICATIONS WILL NOT BE CONSIDERED COMPLETE AT REVIEW TIME IF THE FOLLOWING ARE NOT SUBMITTED OR SUPPORTING REASON (S) NOT GIVEN:

1. LATEST TRANSCRIPT MUST BE ATTACHED
2. COLLEGE / UNIVERSITY REGISTRATION

Barrenstrand • Bunibonibee • Fox Lake • Gods's Lake • Manto Sipi • Northlands  
Sayist Dene • Shiamattawa • Fataskweyak • War Lake • York Factory

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### SECTION 3 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: \_\_\_\_\_

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#### Part B

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

I undertake the following conditions for sponsorship by the 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 Nation 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: \_\_\_\_\_