

Yellow Quill First Nation

Post-Secondary Education Program
#8 – 2345 Avenue C North
Saskatoon, SK S7L 5Z5

Phone: 306.979.6811

Fax: 306.979.6815

Email: yq.postsecondary@gmail.com



APPLICATION FORM FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

CLOSING DATES FOR APPLICATIONS

For September Intake: June 1

For January Intake: October 1

Yellow Quill First Nation Application for Post-Secondary Educational Assistance

General Information and Requirements:

A. Eligibility

1. Applicant must have a grade twelve or equivalent (ABE 12 / GED).
2. The program must require a Grade Twelve entrance and must be at least 8 months in duration.
3. Students must be registered and accepted to the university/institution.
4. Application may be deferred if students do not apply before the application deadline or if the number of applications exceeds the budget. This is in accordance with the rules and regulations set out in the Yellow Quill First Nation Post-Secondary Student Support Program (PSSSP) policy.

B. Types of Assistance

1. Tuition – student's tuition will be paid. Students will receive funds for textbooks and supplies which are listed as required by the institution of study.
2. Living Allowance – allowances will not exceed the amount set out by the budget. Where students attend a foreign institution, this will not exceed the maximum levels in Canadian funds.

C. Levels of Assistance

There are three levels of assistance:

Level I – Community College and CEGEP Diploma or Certificate programs. These programs must be at least 8 months in length.

Level II – Undergraduate Programs. These programs will lead to a Degree. These programs are thirty-six months in length.

Level III – Advanced or professional degree programs (Master's or Doctoral). These programs are twenty-four months in length.

PRIVACY ACT STATEMENT

The information you provide on this document is for the purpose of resourcing and administering post-secondary student financial assistance. Personal information that you provide is protected under the provisions of the Privacy Act.

PART A: STUDENT INFORMATION

NAME: (Last)			(First)			(Initial)		
Social Insurance Number:						Status/Treaty Number:		
Date of Birth: _____						Bill C-31? <input type="checkbox"/> Yes		
Year Month Day						<input type="checkbox"/> No		
Address:			Town/City:			Postal Code:		
Telephone:						Alternate:		
Marital Status: <input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Common-Law		
						<input type="checkbox"/> Single Parent		
*Email:						Usual Place of Residence: <input type="checkbox"/> On-Reserve		
						<input type="checkbox"/> Off-Reserve		
Next of Kin:			Address:			Telephone:		

Please provide an email address that you check regularly

PART B: FAMILY STATUS

Spouse's Name:		Date of Marriage/Common-Law:	
List your dependents, their ages, and if they are residing with you:			
Name	Age	Birth Date	Does s/he reside with you? (Y/N)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
My spouse is currently employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
If other, please explain: (ie: student)			

PART C: PREVIOUS EDUCATION AND TRAINING

Level	Institution Name	Program Name	Year	Program Completed? (Y/N)
High School/ABE				
College				
Technical Institute				
University				
Other (specify)				
Please attach copies of transcripts / credentials received				

PART D: ASSISTANCE REQUIRED

I am applying for funding to enroll in an institution at which I have been accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program or Course of Study:	
Institution Name:	Location:
Start Date:	Student ID:
Attendance: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer
Type of Institution:	
<input type="checkbox"/> University	<input type="checkbox"/> Community College
<input type="checkbox"/> Technical Institute	<input type="checkbox"/> Private Institution
	<input type="checkbox"/> UCEP / College Preparation
	<input type="checkbox"/> Other
Please attach formal acceptance letter from institution as soon as possible	

PART F: STUDENT APPROVAL / AUTHORIZATION TO RELEASE ACADEMIC INFORMATION

- I hereby authorize the above information in Part D concerning the academic and enrolment records may be released to Yellow Quill First Nation Post-Secondary Program.
- I will complete a student monitoring report signed by an education counselor and my institution of study.
- I accept responsibility to complete and satisfy the academic requirements at my institution of study. I will manage the education assistance to the best of my ability.
- I will submit my academic transcripts and other documentation as requested.
- I will notify the Yellow Quill First Nation Post-Secondary Program immediately if I withdraw from my studies.
- I, _____ (please print name) authorize the _____ (institution name) to release my academic and enrolment records to Yellow Quill First Nation Post-Secondary Program for the:

20 ____ Fall Session (September – December)

20 ____ Winter Session (January – April)

20 ____ Spring & Summer Session (May – August)

Student Signature: _____ **Date:** _____

STUDENT CHECK LIST:

- Sign and date completed application
- Submit transcripts / verification of high school completion
- Submit formal institution acceptance letter (when it is available to you)
- Submit APPLICATION no later than the closing date – late applications will be deferred

SUBMIT APPLICATION & SUPPORTING DOCUMENTATION TO:

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