

Poundmaker Post-Secondary Education
Poundmaker Cree Nation
Box 610 Cutknife, Sask. SOM-0N0
Phone: (306) 398-4971 ext. 233 Fax: (306) 398-2522

Congratulations for reaching a point in your life and in your learning where you are considering a long-term certificate or degree program beyond grade twelve. This is a major step for you personally and for First Nations people. We look forward to working with you so that your hopes and dreams may become a reality.

Below is some general policy information that is important for you to keep in mind while you are completing your application. If you have any questions or need assistance please do not hesitate to contact our office.

GENERAL INFORMATION

The purpose of the **POST SECONDARY PROGRAM** is to enable First Nations students to pursue a higher education. However, the funding is **CAPPED**, so not everyone who applies is eligible to be funded. Acceptance of support funding requires a major commitment on the part of the student to work hard to complete the program successfully.

To be eligible a student must:

- 1) Have a complete **GRADE 12, or Adult 12-(GED IS NOT ACCEPTED)**.
- 2) Have been accepted into a program, which is 8 months in length and requires a grade 12.
- 3) Be enrolled in a technical institute or university, which offers the program.
- 4) Must be a member of the **POUNDMAKER FIRST NATION**.
- 5) Applicants must submit the following when the required documents form is received:
 - a) Copy status card
 - b) Acceptance letter from the institute
 - c) Dependent verification (Child Tax Verification)
 - d) Final registration (when approved for funding)
 - e) Most recent mark transcripts
 - f) Grade 12, or Adult 12 documentation

6) APPLICATION DEADLINE DATES

FALL- SEPTEMBER ENROLLMENT New applicants and continuing students	MAY 31
WINTER- JANUARY ENROLLMENT Continuing students and if funds are available new applicants	OCTOBER 31
INTERSESSION / SUMMER SCHOOL Continuing students only	FEBRUARY 28

POST SECONDARY EDUCATIONAL ASSISTANCE:

FULL: _____ PART TIME: _____

PRIVACY ACT STATEMENT

The information you provide on this document is for the purpose of resourcing and administering post secondary financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT.

1. NAME _____
Last First Middle

TREATY #: 345 _____ D.O.B. _____

2. ADDRESS _____
Apartment number and Street Number or Box Number

Town or City and Province / State

Postal Code or Zip Code

TELEPHONE NUMBER: (____) _____ or (____) _____

3. FAMILY STATUS _____ / _____ / _____ / _____
Single Single Parent Married Common-law

SPOUSE' NAME: (if applicable) _____

SPOUSE'S BAND: (if applicable) _____

4. EMAIL ADDRESS: _____

DEPENDENT CHILDREN (children under the age of 18 in your care):

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. **ALTERNATE CONTACT:** In the event that you cannot be reached at your residence, please provide name and number where a message may be left for you.

NEXT OF KIN NAME: _____

ADDRESS: _____

TELEPHONE: _____

4. Previous Education and Training:

Institute Name	Location	Program completed Yes / No	Year Completed	Cert/Diploma/Degree
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_____ High school

_____ Community

_____ Technical Institute

_____ Private

_____ University

5. **Previous Funding.** Please list the funding, if any prior to Poundmaker Post-Secondary. This information is kept confidential in your file and shall be referred to should you require further Post Secondary funding. This is compulsory for the purpose of Post Secondary Funding.

INSTITUTE	PROGRAM	YEAR	MONTH
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6. **Statement of your educational goal (s),** continue on the back of this page.

7. Institute choice where funding is required.

Institution / Location		Program of Study
Length of program	Months / Years	Start date of program
Tuition cost		Book cost

8. Student Release of Authorization: (Student File)

I hereby authorize that all information concerning my academics, attendance, class registration may be released upon request to **POUNDMAKER POST-SECONDARY EDUCATION**.

STUDENT'S NAME: (please print) _____

STUDENT'S SIGNATURE: _____

DATE: _____ **STUDENT #** _____

TERM: _____ (ie. Fall or Winter or Int/summer AND year)

9. STUDENT'S RELEASE OF AUTHORIZATION: TO BE SENT TO INSTITUTE

I hereby authorize that all information concerning my academics, attendance, class registration may be released upon request to **POUNDMAKER POST-SECONDARY EDUCATION**.

STUDENT'S NAME: (please print) _____

STUDENT'S SIGNATURE: _____

DATE: _____ **STUDENT #** _____

TERM: _____ (ie. Fall or Winter or Int/summer AND year)

POUNDMAKER POST-SECONDARY EDUCATION DIRECT DEPOSIT

****Direct deposit is available to residents with Canadian Accounts only ****

NAME: _____

ADDRESS _____

TELEPHONE: _____

NAME AND ADDRESS OF BANK: _____

BANK TELEPHONE: _____

Institution # (3 digits): _____ Transit # (5 digits): _____

Account #: _____

Type of Account: _____

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

****** PLEASE BE SURE OT SEND IN ALL THE REQUIRED INFORMATION, IF YOU ARE NOT SURE PLEASE CALL YOUR BANK AND INQUIRE WITH YOUR BANK PRESENTATIVE. INCOMPLETE OR INCORRECT INFORMATION CAN CAUSE DELAYS.***

If you have a chequing account please attach a blank cheque (marked VOID).

I HEREBY AUTHORIZE POUNDMAKER POST-SECONDARY EDUCATION TO DIRECTLY DEPOSIT INTO MY BANK ACCOUNT AS NOTED ABOVE.

Signature

Date

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