



KAHKEWISTAHAW FIRST NATION

With the Eagle We Soar

P.O. Box 609 Broadview, Saskatchewan, S0G0K0

Phone: (306) 696-3291 Fax: (306) 696-3201

Email: postsec@kahkewistahaw.com

Continuing Application Form

Privacy Act Statement

The information you provide in this document is for the purpose of administrative post secondary financial assistance. Personal information you provide is protected under the provisions of the PRIVACY ACT, and by the "Confidentiality" section of our policy.

Deadline Dates:

- March 1st..... Spring/Summer Semester
- June 1st..... Fall Semester
- October 1st..... Winter Semester

Date of Application: _____

Full Time:

Part Time:

Academic Term: _____

Personal Information:

1. Name: _____

Email Address: _____

Address: _____

Province: _____ Postal Code: _____ Phone: () _____

2. Marital Status:

Single Married Single Parent Common Law

3. Employment Status:

Full-Time Part-Time Unemployed Student

** If there is no indication of employment, it will be considered as employed. **



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4. Next of Kin:

Name: _____
Address: _____
Province: _____ Postal Code: _____ Phone: _____

5. Institute Information:

Institution Attending: _____
Student Number: _____
Course of Program: _____
Credits Total: _____ Per term: _____

Please check off your standing at the time of application of this form.

Year: 1 2 3 4 Graduate

Funding/Program Period: _____
Start Date: _____
End Date: _____

6. Documents Required

- a) Final Registration for next funding term, if already in file just call the confirm that no changes have been made since it was sent to office.
- b) Mark Transcripts when the term in progress has been completed. Please send them to our office. It is extremely important if application is mailed that students allow sufficient time for Canada Post to deliver your application before the deadline date. Please call to confirm whether your application has been received, whether faxed or emailed.

If an application is not received before the deadline date, it is assumed that the funding is no longer required, and students' names will be taken off the list for next term.

**** Students must re-apply before the deadline date after each term for continued funding ****

Questions or Comments

If you have any questions or comments, please feel free to contact me at (306) 696-3291 Ext: 270 or Toll Free 1 (888) 691-0188 or send an email to: postsec@kahkewistahaw.com
Education Coordinator



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Please sign both Release Forms

7. Students Approval: Files

I hereby authorize that my Registration, Student Program Profile Sheet, Progress Report and Mark Transcripts concerning my academics be released to:

KAHKEWISTAHAW FIRST NATION POST-SECONDARY

Students Name: (Please Print): _____

Students Signature: _____

Institute: _____

Term: _____

Date: _____

Student #: _____

Students Approval: To be sent to Institution:

I hereby authorize that my Registration, Student Program Profile Sheet, Progress Report and Mark Transcripts concerning my academics be released to:

KAHKEWISTAHAW FIRST NATION POST-SECONDARY

Students Name: (Please Print): _____

Students Signature: _____

Institute: _____

Term: _____