



# 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

## Post-Secondary Educational Assistance 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 Year: \_\_\_\_\_

### Personal Information:

1. Name: \_\_\_\_\_ Next of Kin/Guardian: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_
2. Treaty #:
3. Bill C-31: YES  NO
4. Male:  Female:
5. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
6. Marital Status: Single  Married  Employed  Unemployed
7. Number of Dependents: \_\_\_\_\_





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## Educational History:

15. Please offer information regarding your elementary and secondary schooling and as well any post-secondary training/ education you may have undertaken.

	School Name Completed	Location Year Completed	Program	Certificate/ Degree
Elementary				
Secondary				
Post-Secondary				

16. These are **REQUIRED DOCUMENTS** that need to be sent to the office in order for your file to be considered complete. Please include with application or some time there after as requested.

- **Status Card Verification**  
(Photocopy of card)
- **Institution Acceptance Letter**  
(Copy of the letter from the institution)
- **Final Registration**  
(Official form from the institution listing classes in which you will be enrolled in UPON APPROVAL OF FUNDING DUE TO THE FINANCIAL OBLIGATION YOU WILL HAVE WHEN YOU REGISTER.)
- **Tracking Sheet of classes or Program Outline.**  
(Upon approval of funding – with the assistance of an Academic Counselor send a list of courses required to complete your DEGREE/CERTIFICATE/DIPLOMA)
- **History of Marks/Transcripts**
- **Grade 12/ABE 12 Certificate or GED Level 12**
- **Program Information.**  
(Verification that program has entrance requirements level of Grade 12, GED 12 or ABE 12 and is 8 months in length.)



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17. New applicants, in a Paragraph or longer describe both your short-term and long-term **Educational Plan** and/or Career you have chosen. Clearly indicate the importance of the course/program you wish to attend.

.....  
**Once you become a Funded Continuing Student** every September all students will be required to **update** their **Educational Plans**. Your goals may have changed since your last application. The purpose of this is to have a **reflection of the year** and how you feel about your **Academic Progress**.



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## Please sign both Release Forms

18. 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: \_\_\_\_\_

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

Student #: \_\_\_\_\_



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## Contract Between

### Kahkewistahaw First Nation’s Post-Secondary Program And the Student.

- I understand the following conditions for sponsorship by the Kahkewistahaw First Nation’s Post-Secondary Program.
- I will accept responsibility to adhere to the University and Institute regulations and meet the standards required.
- I agree to attend University Classes and maintain twelve (12) credit hours each semester or as set out in the Kahkewistahaw First Nation Post-Secondary Program Policy.
- If I cannot maintain the credit hours required by policy, I will contact the Kahkewistahaw Post-Secondary Coordinator immediately.
- I agree to consult with the Post-Secondary Coordinator if any problems arise academically, emotionally, physically, and financially.
- I agree to provide my marks and reports on a semester basis or upon request to the Kahkewistahaw First Nation’s Post-Secondary Program.
- I agree to report any changes to my student and/or program status promptly. I understand this is a serious matter to provide false information and or to fail to report any change in the information provided.
- I authorize the Kahkewistahaw First Nation’s Post-Secondary Program to obtain information from Agencies, Persons or Organizations to determine and/or verify my eligibility for benefits or services under the Post-Secondary Program.
- **This is to include Registration, Student Program Profile Sheet, Progress Reports and Mark Transcripts.**
- I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath.
- I understand that I have the right to appeal against any decision made with respect to my application for sponsorship.

**I HEREBY AGREE TO THE TERMS AND CONDITIONS FOR FINANCIAL ASSISTANCE THAT I HAVE READ ABOVE.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Number



# KAHKEWISTAHAW FIRST NATION

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## Direct Deposit

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

Name: \_\_\_\_\_

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

Apartment No.

/Street No.

/Box No.

Town/City

Province/State

Postal/Zip Code

Telephone: (     ) \_\_\_\_\_

### Name and Address of Bank.

\_\_\_\_\_  
\_\_\_\_\_

Bank Telephone: (     ) \_\_\_\_\_

Bank Transit Number: (Must be 5 Digits):

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Bank Account Number:

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Type of Account:

Savings:

Chequing:

### **All Information will be kept strictly confidential.**

*Please provide all the required information. Check with your bank so that the information is accurate to ensure we get your money to you on time. Incomplete or incorrect information causes delays.*

*If you have a chequing account, please submit a blank voided cheque to our office, it will provide all the necessary information we need.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date