



KAHKEWISTAHAW FIRST NATION

With the Eagle We Soar

Box 609
Broadview, Saskatchewan
Phone (306) 696 3291 Ext. 247
Fax (306) 696 2777

Continuing Application Form

Privacy Act Statement

This information you provide on this document is for the purpose of administrative post secondary financial assistance. Personal information you provide is protected under the provision of the PRIVACY ACT, and by the "Confidentiality" section of our Policy.

Please fax or mail application:

Deadline Dates:

February 28Spring/Summer

April 30 Fall Semester

September 30 Winter Semester

1. Academic Information

Date of Application: _____

Academic Term: _____

☐ Full Time ☐ Part Time

2. Personal Information

Name: _____

Email Address: _____

Address: _____

Province: _____ Postal Code: _____ Phone () _____

3. Marital Status

☐ Single ☐ Married ☐ Single Parent ☐ Common Law

4. Employment Status

☐ Full Time ☐ Part Time ☐ Unemployed Student

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

5. Next of Kin

Name: _____

Address: _____

Province: _____ Postal Code: _____ Phone: _____

6. Institution Information Funding Request;

Institute Attending: _____

Student Number: _____

Course or Program: _____

Credits Total: _____ Per Term: _____

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

Year ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Graduate

Funding Period: _____

Start Date: _____

End Date: _____

7. Documents Required

a) Final Registration for next funding term, if already in file just call to 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 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 your application has been received whether faxed or emailed.

If application is not received before the deadline date, it is assumed that the funding is no longer required, and students name will be taken off the list for the 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 (306) 696 3291 Ext 228 or Toll Free 1 888 691 0188, or send an email kahkewistahawpostsec@hotmail.com

Joy Starr
Education Coordinator

8. Release Forms

Please sign both release forms.

Student's approval: files

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

KAHKEWISTAHAW Post Secondary

Student's name: _____

Student Signature: _____

Print First and Last Name: _____

Institute: _____

Term: _____

Date: _____

Student #: _____

Student's approval: To be sent to institute.

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

Kahkewistahaw Post Secondary

Student's name: _____

Student Signature: _____

Print First and Last Name: _____

Institute: _____

Term: _____

Date: _____

Student #: _____