

PIAPOT POST-SECONDARY EDUCATION PROGRAM

Application for Educational Assistance

The information you provide on this document is for the purpose of administering and resourcing post-secondary student financial assistance. Personal information will be held confidential and will be protected.

PLEASE PRINT CLEARLY and COMPLETE ALL SECTIONS

Check one only:

_____ Continuing Student (Sponsored by PPSEP in previous academic year) Program .

_____ New Application (First time applying for sponsorship OR was not approved in a previous application)

_____ Re-application (Previously sponsored by PPSEP, but not in previous academic year)

When were you sponsored? _____ Did you complete this program? _____

What program and where? _____

PART A: PERSONAL INFORMATION

Last Name:		Given Names:		Month / Day / Year Birth Date:
Your 10 digit Treaty Number:		Social Insurance: Number:		Health Card Number:
Marital Status:	Spouse's Name:		Spouse's Health Card Number:	

Check all that apply:	You are applying for sponsorship for: _____ Tuition _____ Books _____ Living Allowance
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Mailing Address:			Home telephone:
City:		Province:	Alternate telephone:
Postal Code:	E-Mail Address:		

Next of Kin Name: (Other than spouse)	Relationship:	Telephone:
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Address:		
City:	Province:	Postal Code:

Dependants:			
Name:	Birth Date:	Relationship:	Health Card Number:

PART B: CURRENT PROGRAM INFORMATION

Name of Educational Institution:	Location:		
Program:	Circle One:	Full or Part-time	Start Date:
Program Length: Example: 8 months or 4 years	Tuition Estimate for current year:	End Date:	

PART C: PREVIOUS EDUCATION & TRAINING

Level:	Name of Institution:	Certificate/Diploma/ Degree Received:	Were you sponsored by the Piapot PPSEP?	Year :
Circle One: Grade XII Standing		Regular / ABE / GED	N / A	
Technical Institute				
University				
Other				

PART D: DOCUMENTATION REQUIRED

<p>Continuing Students: Attach a copy of your transcripts with recent grades, program sheet and registration form. If you have a change in your marital status or number of dependants, include a copy of their health cards.</p> <p>New and Re-applications: The following documents are required: 1) letter of acceptance from the institution you will be attending; 2) registration form; 3) program information; 4) tuition estimate; 5) Grade XII transcript - Regular/GED/ABE; 6) previous academic transcripts, if any; 7) a letter from you outlining your academic and career goals; 8) a photocopy of your treaty card; 8) a photocopy of your health card, and; 9) photocopies of your dependants health cards.</p>

PART E: STUDENT AUTHORIZATION AND NOTICE OF UNDERSTANDING

It is important for the Piapot Post-Secondary Education Program to ensure that all applicants have an awareness and understanding of the Piapot Post-Secondary Application Procedures Manual. Toward this end, the following applies:

I, (print your name) _____, agree that it's my responsibility to understand and agree to the following:

- I have read the Piapot PPSEP Policy in its entirety and I agree that if I have any questions, I will not hesitate to ask the Post-Secondary Coordinator or committee member(s) for clarification.
- I understand the intent of the Piapot PPSEP Policy and agree with its application to the administration of the program.
- I agree to abide by the Piapot Post Secondary Education Program's policy's terms and conditions.
- I understand that the information provided on my application form and student file will be used for the sole purpose of verifying my eligibility for PPSEP support and shall otherwise be kept confidential.
- I agree to submit any and all documentation required to process my application and I am aware that should I not do so, my application may not be considered for sponsorship.
- I have signed the attached Authorization form giving the program permission to PPSEP to obtain my academic and financial information from my post secondary institution.
- I am aware of the deadline dates for application and understand that no late applications will be accepted.

Dated this _____ day of (month) _____,
(year) _____

Applicant's
Signature

Applicant's
Printed Name

Witness'
Signature

Witness' Printed Name

PIAPOT POST-SECONDARY EDUCATION PROGRAM

General Delivery Zehner, SK S0G 5K0

AUTHORIZATION FORM

I, (print your name) _____ hereby
authorize (print the name of
your post-secondary educational institution)
_____ to disclose
my academic and financial information to the Piapot Post-Secondary Education Program.
This includes
the following information: application/registration information, transcripts, academic
performance and progress,
class changes/withdrawals, program/faculty transfers, academic
action/probation/requirement to discontinue or
exit program, student account status, monies owing/refunded and other financial
information.

I understand and agree that the correspondence between my post-secondary institution
and the Piapot
Post-Secondary Education Program may be written, electronic or verbal for the purpose of
determining my
eligibility for support and complying with the Piapot Post-Secondary Education
Program Policy
requirements for my
sponsorship.

Dated this _____ day of (month) _____,
(year) _____

Your Signature

Your Student Identification
Number

Witness'
signature

Witness' printed name