



# Post Secondary Student Support Program

P.O Box 190 Shell Lake, SK S0J OK0

Phone: 306-468-2100 Fax: 306-468-2344 Toll free: 1-800-268-6222

Email: [postsec2011@gmail.com](mailto:postsec2011@gmail.com)

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

## Privacy Statement

The information you provide on this document is for the purpose of resourcing and administering post-secondary student financial assistance. Personal information that you provide is protected under the provisions of the privacy act.

New Student/ Grade 12  
(Never been funded)

Returning  
(Previously funded)

Continuing/Mature  
(Funded in the past year)

## SECTION A: PERSONAL INFORMATION

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

(First)

(Middle)

(Last)

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SIN #: \_\_\_\_\_ Treaty #: \_\_\_\_\_

Marital Status:  Single  Single Parent  Married/Common Law

Gender:  Female  Male

## SECTION B: DEPENDENT INFORMATION

Child's Name	Age / DOB	Does he/she live with you?	Treaty
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION C: BANKING INFORMATION

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Transit #: \_\_\_\_\_ Bank #: \_\_\_\_\_



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## SECTION D: PREVIOUS EDUCATION & TRAINING

School/Training	Name	Location	# Months	Completed
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Community College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Institute				<input type="checkbox"/> Yes <input type="checkbox"/> No
University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation attached

Resume Attached

## SECTION E: INSTITUTION INFORMATION (CURRENT)

Type of study:  Full Time

Part Time (*tuition & books only*)

Term/Semester:  Spring  
(*May-June*)

Summer  
(*July-August*)

Fall  
(*Sept-Dec*)

Winter  
(*Jan-Apr*)

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

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

Location: \_\_\_\_\_

Program/Discipline \_\_\_\_\_

Dates from: \_\_\_\_\_ to \_\_\_\_\_  
(*mm/yy*) (*mm/yy*)

Program Length in Years: \_\_\_\_\_

Program Outline: \_\_\_\_\_

## SECTION F: REQUIRED DOCUMENTS

APPLICATIONS WILL NOT BE CONSIDERED WITHOUT ALL THE FOLLOWING DOCUMENTS:

Documentation to be attached:

- Copy of Transcripts / Marks
- Hospitalization Card (*Self & Dependants*)
- Acceptance Letter
- Treaty / Status Card



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### SECTION F: STUDENT CONTRACT

I understand the following conditions apply to my sponsorship by the Ahtahkakoop Post Secondary Student Support Program for educational studies:

1. I will accept the responsibility to adhere to the institutions regulations and meet the standards required by the institution for continuation in my course of studies.
2. I agree to attend classes regularly.
3. I agree to consult with the PSSSP counsellor if any problems arise academically, emotionally, physically or financially
4. I agree to provide my marks and reports on a semester by semester basis to the Ahtahkakoop PSSSP office
5. I agree to report any changes to my student and/or program status promptly. I understand that it is a serious matter to provide false information and/or fail to report any change in the information provided.
6. I authorize the Ahtahkakoop PSSSP to obtain information from persons, agencies, or organizations to determine and/or verify my eligibility for benefits or services under the Ahtahkakoop PSSSP.
7. I authorize the Ahtahkakoop PSSSP to share information provided by me, with the PSSSP board, staff, Social Assistance, Human Resources and Skill Development of Canada and training institutions.
8. 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 is of the same force and effect as if made under oath.
9. I understand that I have the right to appeal any decision made with respect to my application for sponsorship in accordance with the Ahtahkakoop PSSSP policy.
10. I agree to cooperate with the Ahtahkakoop PSSSP staff when mentoring and follow up is required on my behalf such as employment and educational history.
11. I agree to participate in the follow up process.

I hereby agree to the terms and conditions for financial assistance and I have read the above.

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

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