



## Re-application Checklist

To ensure your application is complete use the following checklist for assistance

- Complete funding form
- SITAG Forms / Client workbook (only required for technical students)
- Copy of Treaty Status Card(s) of self and dependants  
(letter(s) from Membership is acceptable)
- Copy of Health Card(s) of self and dependants
- Current Transcript(s) from the Colleges/ or Universities
- Student Release form (attached in application form)
- Banking Information (Transit #, Account #, Name and place of Bank)

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

**Note:** If you are applying for a technical program (i.e., SIAST, SIIT etc.) you are required to come into the office to complete a career assessment plan (ASETS Workbook) in addition to the above required information. ASETS Workbooks are available in Post Secondary Office only.

### Application deadlines:

Fall classes that start in September – December  
Winter classes that start in January – April  
Intersession (May/June)  
Summer session (July/August)

**June 30<sup>th</sup>**  
**October 31<sup>st</sup>**  
**March 31<sup>st</sup>**  
**May 31<sup>st</sup>**

# Re-application Form

## Personal Information

Name: \_\_\_\_\_  
First Middle Last

D.O.B: \_\_\_\_\_ Treaty:(10) \_\_\_\_\_ S.I.N:(9) \_\_\_\_\_  
M/D/Y

*\*Must also provide a copy of the Treaty card or letter from Membership*

## Contact Information

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_ Work/Cell (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: (\_\_\_\_) \_\_\_\_\_

## Dependants Information:

Number of Dependants: \_\_\_\_\_ (Note: Only add dependants under 18 years of age)

*Dependant names and treaty numbers:*

|                |                 |
|----------------|-----------------|
| 1. Name: _____ | Treaty #: _____ |
| 2. Name: _____ | Treaty #: _____ |
| 3. Name: _____ | Treaty #: _____ |
| 4. Name: _____ | Treaty #: _____ |
| 5. Name: _____ | Treaty #: _____ |

**Note: You must also provide a photocopy of the treaty cards and health cards of your dependants**

## Banking Information

*(Please fill out completely)*

*(Void cheque, or direct deposit form from bank is preferred)*

Name & Address of Bank: \_\_\_\_\_  
Name of Bank Address Phone Number  
Bank # \_\_\_\_\_ Account #: \_\_\_\_\_ Transit #: \_\_\_\_\_

## Application Information

Applying for: Spring(May-June)  Summer(July-August)  Fall  Winter

Full Time  Part Time

Living Allowance:  Tuition:  Books:  Other: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Student Number: # \_\_\_\_\_ Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

*\*Applicant must provide a transcript from Institution which includes **History** of classes & grades and **Current** updated information on final grades and new class registration. ALSO a course outline of remaining classes needed to GRADUATE.*

*\*If you are enrolled in more than one institution, due to program set up eg: UofS, SIAST, UofR. Please send transcript for **ALL** institutions*

**Program Information:**

**Technical Program Information**

**Technical Program Name**                      **Institution/Location**                      **Year of study** (eg. 2<sup>nd</sup> of 4)

\_\_\_\_\_

**University Program Information**

**University Program Name**                      **Institution/Location**                      **Year of study** (eg. 2<sup>nd</sup> of 4)

\_\_\_\_\_

**If applying for Spring or Summer sessions for either University of Technical programs, please provide a reasoning of why:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

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

\*When faxing application be sure to confirm that the fax was received on our end which can be verified by the fax confirmation page or by calling the office.



# AHTAHKAKOOP CREE NATION

## AHTAHKAKOOP RESERVE # 104

Ahtahkakoop Post Secondary Student Support Program

P.O. Box 190, Shell Lake

Saskatchewan, S0J 2G0

Phone: (306) 468-2100

Fax: (306) 468-2275      Alternate fax: (306)468-2344

Toll Free: 1-800-268-6222

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

## STUDENT CONTRACT

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

1. I will accept the responsibility to adhere to the institution regulations and meet the standards required by the institution for continuation in my course of studies.
2. I agree to attend classes regularly. I agree to consult with the Post Secondary Coordinator if any problems arise academically, emotionally, physically and financially.
3. I agree to provide my marks and reports on a semester by semester basis to the Ahtahkakoop Post Secondary office, unless otherwise required.
4. 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.
5. I authorize Ahtahkakoop Post Secondary board to obtain information from persons, agencies, or organizations to determine and/or verify my eligibility for benefits or services under the Ahtahkakoop Post Secondary Student Support Program.
6. I authorize Ahtahkakoop Post Secondary board to share information provided by me, with the Post Secondary Board, staff, Social Assistance, Human Resources and Skills Development of Canada and training institutions.
7. 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.
8. I understand that I have the right to appeal any decision made with respect to my application for sponsorship in accordance with the Ahtahkakoop Post Secondary Student Support Program policy.
9. I agree to cooperate with the Ahtahkakoop Post Secondary board when monitoring and follow up is required on my behalf such as employment and education history.
10. 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: \_\_\_\_\_