



Red Earth First Nation  
 P.O. Box 112  
 RED EARTH, SASK.  
 S0E-1K0  
 PH. 306-768-3401 FAX 306-768-3480

**APPLICATION PROCESS FOR FUNDING**

**RED EARTH CREE NATION  
 POST-SECONDARY STUDENT SUPPORT PROGRAM**

>Applications will not be processed until ALL information is received:

Please ensure you have enclosed the following information upon applying for funding:

- \_\_\_\_\_ PSSSP Application form (attached)
- \_\_\_\_\_ Acceptance letter from Institution
- \_\_\_\_\_ Class Registration / Program Track Sheet/Program Description
- \_\_\_\_\_ Official Grade 12 Transcripts \_\_\_\_\_ On Student File
- \_\_\_\_\_ GED 12 / ABE 12 \_\_\_\_\_ On Student File
- \_\_\_\_\_ ALL Program Transcripts \_\_\_\_\_ On Student File
- \_\_\_\_\_ Copy of Treaty/Status Card \_\_\_\_\_ On Student File
- \_\_\_\_\_ Copy of Hospitalization Card \_\_\_\_\_ On Student File  
 (Self / Dependents)

Forward ALL information to the above address, prior to the deadline dates:

- May 31<sup>st</sup> -for September Intake (Fall Enrolment)
- November 15<sup>th</sup> -for January Intake (Winter Enrolment)
- February 15<sup>th</sup> -for Intersession/Summer Session Intake

**PART A: STUDENT INFORMATION**

<b>Surname:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Gender:</b> Male      Female
<b>Mailing Address:</b>	<b>Prov./State:</b>	<b>Postal / ZIP Code:</b>	<b>Home Phone:</b> (    )
<b>Marital Status:</b> Single _____ Married _____ Common-law _____	<b>Date of Birth:</b> ____/____/____ M    D    Y	<b>Treaty/Status:</b> ____/____/____ Band / Treaty/ Position	<b>Bill C-31</b> Yes      No
<b>Address of Next of Kin:</b>	<b>Prov./State:</b>	<b>Postal / ZIP Code:</b>	<b>Next of Kin Phone:</b> (    )

**PART B: PROGRAM INFORMATION**

<b>Application Category:</b> New Student: _____ Continuing Student: _____ Returning Student: _____ (leave of absence)	<b>Application Intake:</b> Fall 200____ Winter 200____ Spring 200____ Summer 200____	<b>Start Date:</b> ____/____/____ M D Y	<b>Completion Date:</b> ____/____/____ M D Y
<b>Address of Institution:</b>	<b>Program Type:</b>	<b>Student ID No:</b>	

**PART C: EDUCATION BACKGROUND**

<b>Last Completed Grade:</b> 10 11 12	<b>Gr. 12</b> GED ____ ABE ____
<b>High School:</b>	<b>Institute:</b>

**PART C: List ALL Institutions/Programs Attended**

Institution:	Program Type:	From:	To:	Program Completed:
1.		____/____/____ M D Y	____/____/____ M D Y	Yes No
2.		____/____/____ M D Y	____/____/____ M D Y	Yes No
3.		____/____/____ M D Y	____/____/____ M D Y	Yes No
4.		____/____/____ M D Y	____/____/____ M D Y	Yes No

**PART D: FAMILY STATUS**

<b>Spouse's Name/Address:</b>	<b>Spouse's Treaty/Status:</b> ____/____/____ Band / Treaty/ Position <b>Bill C-31?</b> Yes No	<b>Spouse's Income:</b> Employed _____ Assistance _____ E.I./ Benefits _____ PSSSP Funding _____ Other _____ Please specify other:	<b>Is spouse residing with you?</b> Yes No
<b>Dependents Name(s):</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<b>Age(s):</b> _____ _____ _____ _____ _____ _____	<b>Date of Birth:</b> ____/____/____ M D Y ____/____/____ M D Y ____/____/____ M D Y ____/____/____ M D Y ____/____/____ M D Y ____/____/____ M D Y	<b>Dependent's reside with:</b> Applicant _____ Other family _____ Other _____ Please specify other:

**PART E: STUDENT CONTRACT**

I understand the following conditions apply to my sponsorship by the Red Earth PSSSP studies:

1. I will accept the responsibility to adhere to the school regulations and meet the standards required by the school for continuation in my course of studies.
2. I agree to attend classes regularly.
3. I agree to consult with the counselor of my program if any problems arise academically, emotionally, physically and financially.
4. I agree to provide my marks and reports on a semester-by-semester basis to the 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 changes in the information provided.
6. I authorize the PSSSP staff to obtain information from persons, agencies or organizations to determine and/or verify my eligibility for benefits or services under the PSSSP.
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 it 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 PSSSP policies.

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

**(Print) Student's Name:**

**Student's Signature:**

**Date:**

**PART F: STUDENT APPROVAL / RELEASE OF INFORMATION CONSENT****Privacy Act Statement:**

The information you provide on this document is for the purpose of administering post-secondary student financial assistance. Personal information that you provide is protected under the provisions of the Privacy Act. I hereby authorize information concerning my academics to be released upon request to the **PRINCE ALBERT GRAND COUNCIL / POST SECONDARY STUDENT SUPPORT PROGRAM (PAGC/PSSSP)**. I will submit a Program Overview report signed by an academic/student counselor at my institution of study. This report will detail the classes required in each semester of study until my completion date. I accept responsibility to complete and satisfy the academic requirements at my institution of study. I accept responsibility to provide all documentation required by the PAGC/PSSSP.

I hereby declare I will abide by the Policy and Guidelines of the PAGC/PSSSP.

**(Print) Student's Name:**

**Student's Signature:**

**Date:**