



# MOOSOMIN POST-SECONDARY EDUCATION

Box 98, COCHIN, Saskatchewan S0M 0L0

FAX 386-2098  
PHONE 386-2110

## MOOSOMIN POST-SECONDARY APPLICATION FORM



\*\*\*\*\*  
Congratulations for reaching a point in your life and in your learning where you are considering a long-term certificate or degree program beyond grade twelve . This is a major step for you personally and for First Nations people . We look forward to working with you so that your hopes and dreams may become a reality.

\*\*\*\*\*  
Below is some general policy information that is important for you to keep in mind while you are completing your application . If you have any questions or need assistance please do not hesitate to contact our office.

### GENERAL INFORMATION

The purpose of the **POST SECONDARY PROGRAM** is to enable First Nations students to pursue a higher education. However, the funding is **CAPPED**, so not everyone who applies is eligible to be funded . Acceptance of support funding requires a major commitment on the part of the student to work hard to complete the program successfully .

### To be eligible a student must :

- 1 ) have a complete **GRADE 12** . equivalent **GED 12** or **ABE 12**
- 2 ) have been accepted into a program which is 8 months in length and requires a grade 12 level
- 3 ) be enrolled in a technical institute or university which offers the program
- 4 ) must be a member of **THE MOOSOMIN FIRST NATION BAND**
- 5 ) applicants must submit the following documentation :
  - a ) copy status card
  - b ) acceptance letter from the institute
  - c ) dependent verification (copy of health cards )
  - d ) final registration ( when approved for funding )
  - e ) most recent mark transcripts
  - f ) grade 12 . GED 12 or ABE 12 documentation
  - g ) program information

### 6 ) APPLICATION DEADLINE DATES

**FALL** SEPTEMBER ENROLLMENT  
(1) continuing students

**JUNE 30 TH**

(2) new applicants if funds are available  
**WINTER** JANUARY ENROLLMENT  
(1) continuing students

**OCTOBER 31 ST**

(2) new applicants if funds are available  
**INTERCESSION / SUMMER SCHOOL**  
(1) continuing students only

**MARCH 30 TH**

POST SECONDARY EDUCATIONAL ASSISTANCE

FULL TIME : \_\_\_\_\_ PART TIME : \_\_\_\_\_

FIRST NATION BAND : \_\_\_\_\_

\*\*\*\*\*

PRIVACY ACT STATEMENT

The information you provide on this document is for the purpose of resourcing and administering post secondary financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT.

\*\*\*\*\*

1 . NAME : \_\_\_\_\_  
Surname First Middle Initial

TREATY # : \_\_\_\_\_ D.O.B. : \_\_\_\_\_  
Day Month Year

2 . ADDRESS : \_\_\_\_\_  
Apartment no. / Street no. / or Box no.  
\_\_\_\_\_  
Town / City Province / State  
\_\_\_\_\_  
Postal Code/ Zip Code

TELEPHONE NUMBER : ( \_\_\_\_\_ ) \_\_\_\_\_

3 . FAMILY STATUS : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Single Single Parent Married Common-law

SPOUSE'S NAME : ( if applicable ) \_\_\_\_\_

SPOUSE'S BAND : (if applicable ) \_\_\_\_\_

IS SPOUSE EMPLOYED: \_\_\_\_\_  
Yes No

IS SPOUSE A STUDENT : \_\_\_\_\_ IS SPOUSE A DEPENDENT : \_\_\_\_\_  
Yes / No Yes / No

\*\*If spouse is a dependent , please enclose a letter from your spouse to verify that he / she is not receiving income from any other source. If no letter is on file, your spouse will not be considered as a dependent ,but as employed. \*\*

DEPENDENT CHILDREN :

1. \_\_\_\_\_ 4. \_\_\_\_\_  
NAME AGE NAME AGE  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
NAME AGE NAME AGE  
3. \_\_\_\_\_ 6. \_\_\_\_\_  
NAME AGE NAME AGE

(If you need more space, attach another sheet with the required information to the application)

IN THE EVENT THAT YOU CANNOT BE REACHED AT YOUR RESIDENCE, LEAVE NAME AND NUMBER WHERE A MESSAGE MAY BE LEFT FOR YOU.

NEXT OF KIN NAME : \_\_\_\_\_  
Surname First Middle Initial

ADDRESS : \_\_\_\_\_  
Apartment no. / Street no. / Box no.  
\_\_\_\_\_  
Town/City Province Postal/Zip Code



**7. INSTITUTE CHOICE WHERE FUNDING IS REQUIRED:**

Institution / Location		Program of Study
Length of program	Months / Years	Start date of program
Tuition cost		Book cost

**8 . STUDENT'S RELEASE OF AUTHORIZATION : FOR THE STUDENT'S FILE**

I hereby authorize that all information concerning my academics may be released upon request to the Moosomin Post-Secondary Education Committee.

STUDENT'S NAME : (please print ) \_\_\_\_\_

STUDENT'S SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_ STUDENT #: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

**9. STUDENT'S RELEASE OF AUTHORIZATION : TO BE SENT TO INSTITUTE**

I hereby authorize that all information concerning my academics may be released upon request to the Moosomin Post-Secondary Education Committee.

STUDENT'S NAME : (please print ) \_\_\_\_\_

STUDENT'S SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_ STUDENT #: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

\*\*\*\*\*

----- **DIRECT DEPOSIT** -----

**\*\*Direct deposit is available to residents with Canadian Accounts only \*\***

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

Apartment no. / Street no. / Box no.

\_\_\_\_\_

Town / City

\_\_\_\_\_

Province / State

\_\_\_\_\_

Postal / Zip Code

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

NAME AND ADDRESS OF BANK : \_\_\_\_\_

\_\_\_\_\_

BANK TELEPHONE : (\_\_\_\_) \_\_\_\_\_

BANK TRANSIT NUMBER : ( must be 5 digits ) \_\_\_\_\_

STUDENT ACCOUNT NUMBER : \_\_\_\_\_

TYPE OF ACCOUNT : (e.g.: savings , chequing ) \_\_\_\_\_

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL .**

*PLEASE PROVIDE ALL THE REQUIRED INFORMATION. CHECK WITH YOUR BANK SO THAT THE INFORMATION IS ACCURATE TO INSURE WE GET YOUR MONEY TO YOU ON TIME. INCOMPLETE OR INCORRECT INFORMATION CAUSES DELAYS (Up to three weeks - over which we have no control).*

**IF YOU HAVE A CHEQUING ACCOUNT, PLEASE SUBMIT A BLANK VOID CHEQUE TO OUR OFFICE IT WILL PROVIDE ALL THE NECESSARY INFORMATION WE NEED .**

**I HEREBY AUTHORIZE WALKINGBEAR CONSULTING TO DIRECTLY DEPOSIT INTO MY BANK ACCOUNT AS NOTED ABOVE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date