

# RED PHEASANT POST SECONDARY

P.O. BOX 7, CANDO, SASKATCHEWAN, S0K 0V0

TELEPHONE: (306) 937-7012 FAX: (306) 937-7032

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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.

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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 **RED PHEASANT 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 REVENUE CANADA CHILD TAX FORM ) |  |
| **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	<b>JUNE 30 TH</b>
(1) continuing students	
(2) new applicants if funds are available	
WINTER JANUARY ENROLLMENT	<b>OCTOBER 31 ST</b>
(1) continuing students	
(2) new applicants if funds are available	
INTERCESSION / SUMMER SCHOOL	<b>MARCH 30 TH</b>
(1) continuing students only	

### **POST SECONDARY EDUCATIONAL ASSISTANCE**

CHECK ONE OF THE FOLLOWING: FULL TIME : \_\_\_\_\_ PART TIME : \_\_\_\_\_

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

TREATY # : \_\_\_\_\_ D.O.B. : \_\_\_\_\_  
Full number(9 – 10 digits) Day Month Year

2 . ADDRESS : \_\_\_\_\_  
Apartment no. / Street no. / or Box no.

\_\_\_\_\_  
Town / City Postal Code/Zip Province / State

PHONE No.: (\_\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DEPENDENT CHILDREN	SCHOOL ATTENDING	CITY/TOWN
1. _____ NAME	_____ AGE	_____
2. _____ NAME	_____ AGE	_____
3. _____ NAME	_____ AGE	_____
4. _____ NAME	_____ AGE	_____
5. _____ NAME	_____ AGE	_____
6. _____ NAME	_____ AGE	_____

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

**\*\*ACCORDING TO THE POLICY MANUAL, STUDENTS WHO MISREPRESENT THEIR DEPENDENT OR ACADEMIC STATUS WILL HAVE THEIR FUNDING TERMINATED\*\***

**IN THE EVENT THAT YOU CANNOT BE REACHED AT YOUR RESIDENCE, LEAVE NAME AND NUMBER WHERE YOU 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

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

**4. PREVIOUS EDUCATION AND TRAINING :**

DO YOU HAVE?: GRADE 12 DIPLOMA \_\_\_\_\_ ABE 12 \_\_\_\_\_ GED 12 \_\_\_\_\_

WHERE DID YOU ATTEND SCHOOL LAST? (CHECK ONE OF THE FOLLOWING)

HIGH SCHOOL: \_\_\_\_\_ COMMUNITY COLLEGE \_\_\_\_\_ TECHNOICAL INSTITUTE \_\_\_\_\_

UNIVERSITY \_\_\_\_\_ OTHER \_\_\_\_\_

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

LOCATION: \_\_\_\_\_ PROGRAM COMPLETED: \_\_\_\_\_  
Yes No

YEAR COMPLETED: \_\_\_\_\_ CERTIFICATE/DIPLOMA/DEGREE: \_\_\_\_\_

**5. ON THE BACK OF THIS APPLICATION FORM WRITE A STATEMENT OF YOUR EDUCATIONAL GOALS.**

**6. ARE YOU FUNDED FULLY OR PARTIALLY BY ANOTHER SOURCE SUCH AS A FIRST NATION**

**BAND / AGENCY / TRIBAL COUNCIL OR ANY OTHER POST SECONDARY SOURCE? (SCHOLARSHIPS, BURSARIES, AND STUDENT LOANS ARE NOT INCLUDED)**

YES \_\_\_\_\_ NO \_\_\_\_\_

**\* IF YES , WHERE IS THE FUNDING ASSISTANCE COMING FROM ?**

**\* NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**PHONE #** \_\_\_\_\_ **FAX** \_\_\_\_\_

**\* AMOUNT OF ASSISTANCE \$** \_\_\_\_\_

**\* LENGTH OF ASISSTANCE FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

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

\_\_\_\_\_  
Institution / Location Program of Study

DOES THIS PROGRAM REQUIRE A PRE REQUISITE ? IF SO , HOW LONG ? \_\_\_\_\_

\_\_\_\_\_  
Length of program Months / Years Start date of program

\_\_\_\_\_  
Tuition cost PER YEAR Book cost PER YEAR

**I CERTIFY THAT ALL THE ABOVE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS CORRECT AND COMPLETE AND THAT NO REVELENT INFORMATION HAS BEEN WITHHELD OR FALSIFIED. I UNDERSTANDING THAT MISREPRESENTATION, FALSIFICATION OF DOCUMENTS, OR WITHHOLDING OF REQUESTED INFORMATION IN REGARD TO THIS APPLICATION MAY RESULT IN AN IMMEDIATE CANCELLATION OF MY APPLICATION. I ALSO AGREE TO ABIDE BY THE POLICIES SET OUT BY THE RED PHEASANT EDUCATION AUTHORITY IN REGARDS TO POST SECONDARY STUDENTS.**

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

\_\_\_\_\_  
*Date*

**PRIVACY ACT STATEMENT**

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

**STUDENTS ARE REQUIRED TO SIGN THE RELEASE FORM IN ORDER FOR THE APPLICATION TO BE PROCESSED, FAILURE TO DO SO MAY DELAY OR DISQUALIFY THE APPLICATION**

**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 RED PHEASANT POST SECONDARY

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 RED PHEASANT POST SECONDARY

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

STUDENT’S SIGNATURE : \_\_\_\_\_

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

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

**\*\*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
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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 .***

**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 RED PHEASANT POST SECONDARY TO DIRECTLY DEPOSIT INTO MY BANK ACCOUNT AS NOTED ABOVE.**

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**Signature**

**Date**