



Big River 1st Nation

Post Secondary Student Support Program

Box 519 DEBDEN, SK S0J-0S0 phone: 306-724-4700 fax: 306-724-2161

Application for Funding Support

Note: Application Deadline Dates: **SEPTEMBER INTAKE - JUNE 30TH**
JANUARY INTAKE - OCTOBER 31ST

A. STUDENT INFORMATION

First Name: _____ Middle _____ Last _____

Date of Birth: _____ Treaty #: _____ Social Insurance #: _____

Permanent Address: _____ Postal Code: _____ Telephone: _____

Study Address: _____ Postal Code: _____ Telephone: _____

Email Address: _____

Marital Status:

- Single
- Married
- Common Law spouse
- Separated
- Divorced
- Single Parent

Spouse's Full Name: _____ Spouse's Band: _____

Is spouse presently employed? Yes: ___ No: ___

If yes: Part-time: ___ full time: ___ Am't/year? _____

Where does your spouse work? (if applicable) _____

Is spouse on training allowance? Yes: ___ No: ___

If yes, from what agency? _____

If spouse is funded by another agency, is he or she claiming for any dependents?

Yes: ___ No: ___

Contact Person & number of funding agency: _____

Please list children's names & birthdates of Big River band members being claimed:

1. _____ age: _____ Tr#: _____

Birth date: mon: _____ day: _____ year: _____

2. _____ age: _____ Tr#: _____

Birth date: mon: _____ day: _____ year: _____

3. _____ age: _____ Tr#: _____

Birth date: mon: _____ day: _____ year: _____

4. _____ age: _____ Tr#: _____

Birth date: mon: _____ day: _____ year: _____

5. _____ age: _____ Tr#: _____

Birth date: Mon: _____ Day: _____ Year: _____

Dependents are attending which school? _____
Address & phone number of school: _____

B. COURSE INFORMATION

PROGRAM OR COURSE OF STUDY INSTITUTION LOCATION

Please provide information you have concerning the cost of your study program:

Tuition per year: \$_____ texts or study modules: \$_____

Other: (specify) \$_____

Do you seek: Certificate? _____ Diploma? _____ Degree? _____ Masters? _____

Date of Graduation: _____

If you are a continuing student, what year of your study program are you in?

Year one _____ Year two _____ Year three _____ Year four _____

Masters =Year five _____

C. EDUCATION

PLEASE ATTACH SUPPORTING DOCUMENTS TO PROVE THE FOLLOWING
QUESTIONS

Highest grade level completed: _____ Year: _____

Name of High School: _____

Please check one; Method obtained:

- Regular School
- ABE
- GED

D. POST SECONDARY EDUCATION HISTORY-beyond high school level

Please provide all Post Secondary Programs and/or Technical Training you have
acquired beginning with the most recent:

*Addition info may be added on the back of page

INSTITUTION LENGTH OF COURSE COMPLETED? (Y/N) SPONSORED BY?

1. _____

2. _____

3. _____

Have you ever been required to discontinue from your studies:

Yes _____ No _____

If Yes, from what course & institution: _____ Year: _____

E. PRIVACY ACT FOR TERM 1 YEAR: _____ FOR TERM 2: YEAR: _____

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.

I hereby authorize that information concerning my academics may be released upon request to the Big River First Nation Post Secondary Student Support Program. I will complete a student monitoring report signed by an education counselor at my institution of study. I accept responsibility to complete and satisfy the academic requirements at my place of study. I will manage the education assistance to the best of my ability. I will provide a transcript of marks to the Big River First Nation Post Secondary Program after each semester of study as requested.

Student's signature: _____

Date: _____

Printed name: _____