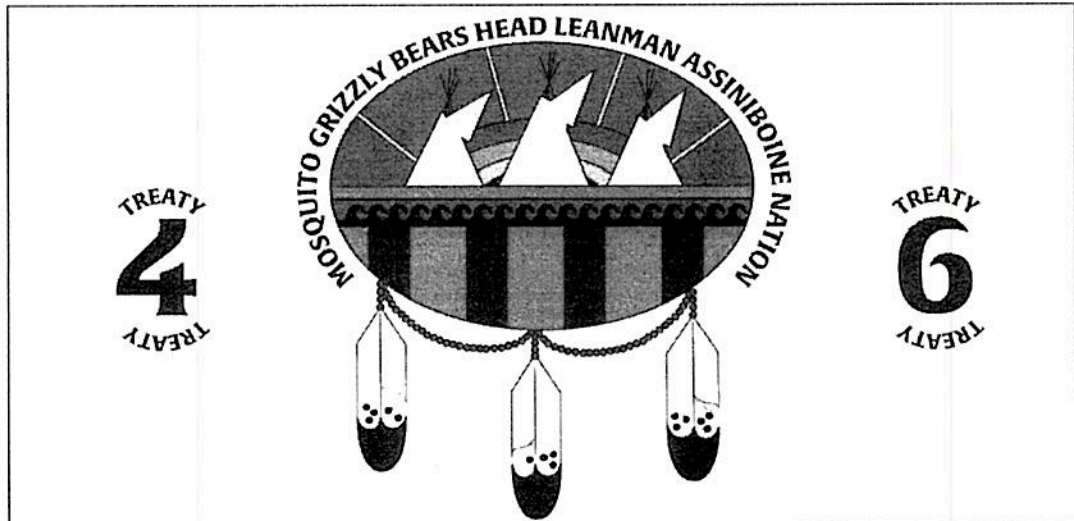


MOSQUITO GRIZZLY BEARS HEAD LEANMAN FIRST NATION



POST SECONDARY STUDENT SUPPORT PROGRAM

APPLICATION FOR FUNDING

Application Deadline Dates:

FALL TERM:	June 30 th
WINTER:	October 31 st
SPRING/SUMMER:	February 28 th

MOSQUITO GRIZZLY BEARS HEAD LEAN MAN FIRST NATION
Post Secondary Application

It is important that you complete each section of the application thoroughly and understand the expectations that you must meet as a Post-Secondary Student. If at any time you are not sure of the process please contact the Post-Secondary Coordinator at (306)937-6120 Ext 228 or toll free at 1-866-937-6120 Ext 228.

PLEASE NOTE: Sponsorship for Post-Secondary Programs is limited.

All efforts to secure sponsorship will be made for students.

The following are documents that will be required to be submitted in order for your application to be considered for funding

_____ Letter of Acceptance/Conditional Acceptance from training institution

_____ Copy of Status Card or letter of membership verification

_____ Copy of High School Transcripts or of latest institute

_____ **1st Year Students** must include a one page Statement of Goals

_____ **Tracking Sheet** an outline of all your University classes that you will register in order for you to complete the program

_____ List of your College/ Technical Institute classes for your Certificate or Diploma

_____ **Program information** about the course which you are registering

To be eligible to receive sponsorship under the terms of the Mosquito GBHLM First Nation Post Secondary Program, it is necessary that all applicants meet the requirements:

PLEASE READ CAREFULLY

Eligibility

1. Applicants **must** have a grade 12, Adult Basic Educ. ABE , Adult 12 or Mature student equivalent GED
2. The program **must** require a minimum grade 12 entrance or mature student equivalent. (Please submit program information)
3. The program **must** be 8 months or one academic year in length

**Applications will be deferred if students do not apply before application deadline or if number of eligible applicants exceeds the budget.

New Student Returning Student Career Change Extension

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Surname First Name Middle Initial Month Day Year

Address: _____
Street/Box # City Province Postal Code

Telephone: () _____ Email: _____

Male : _____ Female : _____ Status Number (10 digits): _____

FAMILY STATUS

Single: _____ Single Parent: _____ Married: _____ Common-law: _____

Number of Dependent children residing with you: _____

Dependents:

Name	Age	Do they reside with you?

SECONDARY EDUCATION INFORMATION

Last Grade completed: _____ Year completed: _____

Name of School: _____

Location: _____

Have you previously been sponsored by the Mosquito Grizzly Bear's Head Lean Man First Nation Post Secondary Student Support Program? YES NO

PREVIOUS POST-SECONDARY EDUCATION (COLLEGE OR UNIVERSITY)

PROGRAM NAME	INSTITUTE	CERT / DIPLOMA DEGREE/MASTERS	COMPLETION DATE

CURRENT FUNDING REQUEST POST-SECONDARY EDUCATION INFORMATION

Institution:	Location:
Program of Studies:	Area of Study (Major/Minor)
Start date : _____ month day year	Length of program yrs _____
Graduation date : _____ month day year	Method of Delivery (Classroom/Distance/Online...) _____

Current year of study in program (Returning Students only): _____

Attendance: Full time _____ Part time _____ Session/Hours/Week

Have you been required to discontinue from any program in the last 2 years YES NO

If yes, please state the reason(s): _____

Please describe your Career Educational Goal

- THE EVENT OF WITHDRAWAL YOU MUST INFORM THE POST SECONDARY COORDINATOR OF YOUR INTENT *IMMEDIATELY*.
- FAILURE TO DO SO WILL AFFECT FUTURE CONSIDERATION FOR POST SECONDARY EDUCATION FUNDING.
- RECEIVING LIVING ALLOWANCES WHILE NOT ATTENDING WILL RESULT IN OVERPAYMENTS AND WILL BE REQUIRED TO BE REPAID THROUGH THE LIVING ALLOWANCE UNTILL IT IS PAID BACK IN FULL WHEN STUDENT RESUMES FUNDING

I HAVE READ THE APPLICATION PROCEDURES AND FULLY UNDERSTAND THE ACCOUNTABILTY

STUDENT : _____ **Date :** _____

RELEASE OF AUTHORIZATION

I hereby authorize any information concerning my academics eg. Registrations, Transcripts and attendance be released upon request to the Mosquito Grizzly Bears Head Lean Man First Nation Post Secondary Coordinator.

Student's Name (please print): _____

Student's Signature: _____

Student #: _____

Institution: _____

Term / Semester _____

Date : _____

Post Secondary Coordinator

Date

