

**Post Secondary Funding**

**Assistance Application**

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| **ALL APPLICANTS MUST PROVIDE THE** FOLLOWING **DOCUMENTATION AND COMPLETE SECTIONS 1 THROUGH 8 TO DETERMINE ELIGIBILTY:** |
| * Application Form (Completed)
* Agreement to Repay Form
* Designated Representative Consent Form
* Authorized to Release Information Form
* Acceptance Letter from Institution/College
* Official Transcripts from last year of study
* SFN Enrollment J #
* Proof of Dependants (National Child Benefit) *if you are claiming dependant(s)*

**Application Deadlines for Post-secondary:*** July 15 Fall Semester (*Starting September to December*)
* NOVEMBER 15 Winter Semester (*Starting January to April*)
* MARCH 15 Spring/Summer Semester (*Starting May to August*)

***ALL FAXED APPLICATIONS SHOULD BE FOLLOWED UP BY A PHONE CALL TO CONFIRM RECEIPT, AND ORIGINAL MAILED. APPLICATIONS WILL BE BASED UPON CONTINUATION, TRANSCRIPTS, AND RECEIPT DATE.*** |

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| SECTION 1 – PERSONAL INFORMATION |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Given Names Surname NameDate of Birth: \_\_\_\_\_\_\_ /\_\_\_\_\_\_ / \_\_\_\_\_\_ SIN #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTH DAY YEAR  * Disability Exemption (please attach letter of support)
* SFN Enrollment J # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: * Single
* Single Parent
* Other (married or common-law)

**Permanent Mailing Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address or PO Box\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City Territory/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code Telephone Email Address |

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| SECTION 2 – DEPENDANT CHILDREN UNDER 18 YEARS OF AGE |
| **If you do not have any dependent children, please proceed to section 3.**Name of Dependent(s) DOB Relationship AGE Lives with You?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No***You must provide copies of your dependent(s) National Child Benefits*** Attached Previously Submitted N/A |

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| SECTION 3 – EDUCATION / FUNDING HISTORY |
| Are you a *continuing* Student? Yes No NEWHave you received funding from Selkirk First Nation before? Yes No**If you have received funding from Selkirk before, please give the following information:**

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| **# of Months Funded per semester** |  **Institute/College** |  **Date of Study** | **Program/Course** | **Completed** **Yes or No** |
|  |  | From:To:Semester: |  |  |
|  |  | From:To:Semester: |  |  |
|  |  | From:To:Semester |  |  |
|  |  | From:To:Semester: |  |  |
|  |  | From:To:Semester: |  |  |

**Total Months Funded by Selkirk First Nation:** \_\_\_\_\_\_\_\_\_ |

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| SECTION 4 – INSTITUTION AND PROGRAM YOU ARE APPLYING FOR |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Institution/College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Fax***Name of Program or Course:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Type of Program Type of Degree sought*** Upgrading  Online/Independent/Distance Study Diploma (normally 2 years)  College Preparation Bachelor Certificate (normally 1 year) Masters Doctorate**List Courses that you are taking:**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **SECTION 5 – DURATION OF SPONSORSHIP** |
| How many years is your program or course? \_\_\_\_\_Which year of the program or course are you entering? \_\_\_\_\_\_ (1st year, 2, 3, 4 year program)**Select the term(s) of sponsorship coverage:**Spring/Summer Session 20\_\_\_\_ Term (May-Aug) Fall Session 20\_\_\_\_ Term (Sept-Dec) Winter Session 20\_\_\_\_ Term (Jan-Apr)Other 20\_\_\_\_  More than one year. Please specify start and end dates: \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_ (M/Y) (M/Y) Full-time Part-time**Semester Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Semester End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **SECTION 6 – SCHOLARSHIP/GRANT FOUNDATION INFORMATION** |
| Are you receiving funding from any other source? Yes NoName of Student Financial Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Yukon Grant/Student Training Allowance/Yukon Excellence Awards/Canada Student Loan/Scholarships)*** |

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| SECTION 7 – STUDENT DECLARATION |
| I declare that the information submitted in this application to be true, correct and complete to the best of my knowledge and that the financial assistance sought will be used for the educational purpose set out. I understand that if I have given any false or misleading information, I will be liable for proceeding if I obtain funding under false pretenses or will be liable for full repayment of my funding. I hereby give permission to the Selkirk First Nation Citizen Development Department to verify the information in this application and approve access of my school record. I will notify the program if I withdraw from my course.Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SECTION 8 – PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR FUNDING APPLICATION |
| **All listed documents must be completed, signed, and attached with your funding application to determine eligibility:**1. Funding Assistance Application Completed
2. Agreement to Repay Form Attached
3. Designated Representative Consent Form Attached
4. Authorized to Release Information Form Attached
5. Acceptance Letter or Verification of Enrollment from institution/college Attached
6. Transcripts (last year of study if continuing student) Attached
7. SFN Enrollment J # Attached
8. Proof of Dependants (Copy of NCB) Attached N/A

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| SECTION 9 – FOR OFFICE USE ONLY |
| * Approved
* Conditionally Approved
* Declined

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