Lac La Ronge Indian Band

2017-2018

Post-Secondary Student Support Program Application

Post-Secondary Education

Post Office Box 399

AIR RONGE, SASKATCHEWAN S0J 3G0

Toll Free Number: 1-877-768-6888

Central Office Phone: (306) 425-4938   Central Office Fax: (306) 425-3030

Email: postsecondary@llribedu.ca   Website: https://llribedu.ca/

Financial assistance must be applied for every year

STUDENT NAME: _____

For office use only:

Date Received: _____   Received by: _____

☐ FAX   ☐ Mail   ☐ Dropped off   ☐ Other: _____

Student Application Received Notification:

☐ E: Mail   Date sent:_____   Initial:_____

☐ Letter mailed   Date sent:_____   Initial:_____

LA RONGE INDIAN BAND
APPLICATION FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

Personal Eligibility

Must be a member of the LLRIB. Students who have transferred to the Lac La Ronge Indian Band from another First Nation must wait for a minimum of two years from the date of transfer before being eligible for PSSSP funding. Prior funding will also be taken into consideration. New LLRIB Treaty members must provide documentation confirming treaty status and also provide proof of acceptance by an eligible Post Secondary institution.

Program Eligibility

Under the LLRIB PSSSP and the UCEPP, an eligible program of studies is a program:

- For which the completion of secondary school studies, or the equivalent as recognized by the post-secondary institution or the provincial/territorial Ministry of Education is required; **and**
- Offered by a post-secondary institution that is at least one academic year in duration (as defined by the institution); **and**
- Delivered at an eligible institution as defined in section 3.3, Institution Eligibility
- UCEPP programs must provide the student with the necessary courses to attain the academic level of university or college entrance.

Delivery method may be in-classroom, e-learning, distant learning, or virtual learning as long as it meets all eligibility criteria.

Institution Eligibility

Eligible post-secondary institutions are degree, diploma or certificate granting institutions that are:

- Recognized by a province or territory (in Canada or abroad); **or**
- Educational institutions recognized to deliver post-secondary programs by arrangement with an eligible post-secondary institution**.**

Applications must be received at the Post Secondary office by the deadline dates
Applications must be complete in order to be considered

Application Deadlines

For September enrolment:	**May 31st**
For January enrolment:	**October 31st**
For Intersession/Summer Session enrolment:	**March 31st**

(*funding for Intersession/Summer session must only be applied for if the program requires that the classes be taken during that time*)

The Community of Stanley Mission & Grandmothers Bay are self-administered communities.
Stanley Mission administer their own on-reserve and off-reserve Post-Secondary Program, therefore members identified under Stanley Mission will be required to submit their funding application to the Stanley Mission band office
Grandmothers Bay administer their own on-reserve Post-Secondary Program, therefore members identified under On-reserve Grandmothers Bay will be required to submit their funding application to the Grandmother's Bay band office

All Full-time and Part-time students MUST reapply every year.

Application documentation attached, please provide comment if PENDING:

Previously
On-file   PENDING   Attached

☐   ☐   ☐A copy of your Treaty Card

☐   ☐   ☐A copy of your Hospitalization Card and your dependents that you are claiming

☐   ☐   ☐A copy of your Grade 12 marks **(official transcript required)**

☐   ☐   ☐A copy of all post-secondary transcripts from previous institutions attended.

☐   ☐   ☐A copy of your letter of acceptance from the post-secondary institution(s).

☐   ☐   ☐A copy of your class registration.

☐   ☐   ☐A copy of most recent Canadian Child Tax assessment (applicable only if you are claiming dependents, new one to be submitted every year)

Please list any addition information attached ex. Letter to the board.

Privacy Act Statement
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 provision of the Privacy Act.

STUDENT INFORMATION (Please Print, ineligible writing will cause a delay in processing your application)

First Name: _____

Middle Name(s): _____

Last Name: _____

Alias / Nickname: _____

Maiden: _____

Treaty#: _____ (Please provide all 10 digits)

SIN#: _____

Date of Birth: Month_____ Day_____ Year _____

Sex: ☐ Male   ☐ Female

Must provide valid E-mail Address: _____

Majority of correspondence will be provided through e-mail. Please print clearly

Cell phone number: (_____) __ __ __ - __ __ __ __   ☐ Call & Text   ☐ Text only

Land line phone number: (_____) __ __ __-__ __ __ __   ☐ Not Available

Permanent Mailing Address: _____ City/Town: _____

Prov. _____   Postal Code: _____

Are you relocating for schooling purposes?   ☐ Yes   ☐ No
   If YES, What will your mailing address be while in school: ☐ Unknown at this time.
Mailing Address while in training: _____

City/Town: _____ Prov. _____ Postal Code: _____
Do you currently live: ☐ Off Reserve   ☐ On Reserve

Must identify a home Community:

☐ Unknown at this time ☐ Grandmothers Bay ☐ Stanley Mission ☐ Little Red River

   ☐ Hall Lake   ☐ Sucker River   ☐ Lac La Ronge

Contact person name: _____

Phone # for contact: (____) __ __ __ - __ __ __ __

FAMILY STATUS (Please Print, ineligible writing will cause a delay in processing your application)
Marital Status: ☐ Single (Please proceed to next page)
            Dependent Verification Required if you are claiming dependents
            ☐ Single Parent   ☐ Married/ Common Law
                        Spouse's full name: _____
                        Spouse's 10 digit treaty #: _____
                        Will your spouse be living with you while in training?
                        ☐ Yes   ☐ No
                        Will your spouse be a student and/or employed?
                        ☐ No   ☐ Yes   ☐ Full-time ☐ Part-time
                        If your spouse will be a student, where are they getting funding
                        from? _____

Please list your dependents, *if they are residing with you while in training:* (A copy of the health card is required)

   1) Child's full Name: _____
- Date of Birth: Month_____ Day_____ Year _____
- Sex: ☐ Male ☐ Female
- Additional information: _____

   2) Child's full Name: _____
- Date of Birth: Month_____ Day_____ Year _____
- Sex: ☐ Male ☐ Female
- Additional information: _____

   3) Child's full Name: _____
- Date of Birth: Month_____ Day_____ Year _____
- Sex: ☐ Male ☐ Female
- Additional information: _____

   4) Child's full Name: _____
- Date of Birth: Month_____ Day_____ Year _____
- Sex: ☐ Male ☐ Female
- Additional information: _____

EDUCATION HISTORY (Please Print, ineligible writing will cause a delay in processing your application)

- High School Name: _____
- Location: _____
- Year Grade 12 Obtained: _____
    - ☐ Grade 12 diploma   ☐ G.E.D   ☐ Adult Education
    - Please provide a copy of your grade 12 marks **(official transcript required)**

Post-Secondary Institution(s) Attended: Copy of all your transcripts required

☐ Certificate   ☐ Diploma   ☐ Degree   ☐ Post Graduate Studies
- Program Name: _____
- Institute Name: _____
- Institute Location: _____
- Year (s) Attended: _____ ☐ Completed   ☐ Incomplete
- (please select one of the following for incomplete)
- ☐ Medical ☐ In good standing and planning to return ☐ Required to Discontinue ☐ Withdrew
- ☐ Other:_____
- Funded by Post-secondary   ☐ Yes   ☐ No

☐ Certificate   ☐ Diploma   ☐ Degree   ☐ Post Graduate Studies
- Program Name: _____
- Institute Name: _____
- Institute Location: _____
- Year (s) Attended: _____ ☐ Completed   ☐ Incomplete
- (please select one of the following for incomplete)
- ☐ Medical ☐ In good standing and planning to return ☐ Required to Discontinue ☐ Withdrew
- ☐ Other:_____
- Funded by Post-secondary   ☐ Yes   ☐ No

☐ Certificate   ☐ Diploma   ☐ Degree   ☐ Post Graduate Studies
- Program Name: _____
- Institute Name: _____
- Institute Location: _____
- Year (s) Attended: _____ ☐ Completed   ☐ Incomplete
- (please select one of the following for incomplete)
- ☐ Medical ☐ In good standing and planning to return ☐ Required to Discontinue ☐ Withdrew
- ☐ Other:_____
- Funded by Post-secondary   ☐ Yes   ☐ No

Attach additional Post-Secondary history if required

PROGRAM OF STUDIES YOU ARE CURRENTLY APPLY FOR

Please Select One:

☐University Entrance Program (Level 1)

☐College or Technical (Level 1)	☐Certificate (8 months) ☐Diploma (16 Months)

☐University (Level 2)	☐Certificate (8 months) ☐Diploma (16 months) ☐Degree (32-40 Months)

☐Masters (24 months) Level 3

☐University PH.D (32 months) Level 4

Choose one: ☐**Full Time**　　　　　☐**Part-Time**

University students please select which term you want funding for:
☐ Fall & Winter (September to April)
☐ Fall (September to December)
☐ Winter (January to April)
☐ Inter Session (May to June)
☐ Summer Session (July to August)
　　funding for Intersession and / or Summer session must only be applied for if the program requires that the classes be taken during that time**

Please Select which option best describes your PSSSP status:
☐Never Received Post-Secondary Student Support Program Funding
　　　　☐Never attended Post-Secondary Schooling
　　　　☐Attended in the last academic term & NOT funded by PSSSP
　　　　☐Returning from more than a year off & NOT funded by PSSSP
☐Previously Funded by Post-Secondary Student Support Program
　　　　☐Attended last academic term
　　　　☐Returning from more than one year off
　　　　☐Returning to a different program
　　　　☐Returning after a one year waiting period

Student I.D Number: _____ Institute: _____

What is the Program/ Course that you will be studying? _____
Which institution will you be studying at? _____
Which location will you be studying at? _____
What is the duration of your course (ex. 8 months, 2 yrs, 4yrs)?_____
What year of study are you going to be entering 1st ☐ 2nd ☐ 3rd ☐ 4th ☐
For this **Academic** Year Start Date: _____ End Date:_____

Does your program require you to do any Practicums /Internships this year? ☐ NO ☐ YES

If YES, what is the Practicum/Internship length of time: Months _____/Weeks _____ /Days _____

Estimated Tuition Cost per year $ _____

Book Cost per year $ _____ (Please submit the required Book List for the program prior so that we may better assist you with the required books upon approval of funding)

Materials and Supplies $ _____ (Please submit the required Materials and Supplies List for the program prior so that we may better assist you with the required Materials and Supplies upon approval for funding)

Have you been in touch with an academic advisor(s) from your institution(s) of choice? ☐Yes or ☐No

If yes, who was the academic advisor? _____

Institution Acceptance: ☐Yes ~ Acceptance letter attached

☐Unknown at this time

Please provide any other information that might assist the Post-Secondary Selection Committee in making the application decision (You may attach a typed letter)

STUDENT'S DECLARATION

I hereby undertake the following as conditions for sponsorship by the Post-Secondary Student Support Program (PSSSP) of the Lac La Ronge Indian Band (LLRIB) for the duration of my program of studies:

Please read and initial each of the following:

_____To authorize that the information concerning my academics (mid-term/final marks, Progress reports) can be released upon request to the Lac La Ronge Indian Band – Post Secondary Student Support Program.

_____To adhere to sponsorship rules and regulations stated in the Post-Secondary Student Handbook.

_____I declare that the information provided by me on the application form is complete and correct and is given in order to substantiate my entitlement for sponsorship.

_____I hereby give permission to the Lac La Ronge Indian Band Post-Secondary Student Support Program to verify or confirm with any source the correctness and accuracy of the information contained in this application.

Student Signature: _____ *Date:* _____

Witness Signature: _____ *Date:* _____

LA RONGE INDIAN BAND
POST SECONDARY EDUCATION

Release of Information

Student Full Name: _____

Student Date of Birth: _____

Student ID Number: _____

Student Program of study: _____

Institute location: _____

For this Academic Year

Start Date: _____   End Date: _____

TO WHOM IT MAY CONCERN;

By providing you with this RELEASE OF INFORMATION LETTER

I, _____ hereby authorize you to release any information

in connection with my academic programming with your organization to the Lac La Ronge Indian

Band Post-Secondary Education Office.

All requested information can be sent to:

> **LLRIB Post-Secondary Education Office**
> Box 399
> Air Ronge Sk   S0J 3G0
>
> **Fax: 306-425-3030**
> E-Mail: **postsecondary@llribedu.ca**

I declare that all the information provided is true and complete and I make this solemn declaration
believing it to be true knowing that it is of the same force and effect as if under oath.

Student Signature: _____   *Date:* _____

LA RONGE INDIAN BAND
POST SECONDARY EDUCATION

Statement of Spousal Financial Responsibility

I, _____ (Please print name of spouse) certify that I am a fully-

dependent spouse of _____ (Please print name of student).

☐ I am not receiving income from any other source.

☐ I am not working full-time.

X_____
Spouse Signature   Date

_____
Spouse Social Insurance Number   Treaty Number

X_____
Student Signature   Date

X_____
Witness   Date

* Please include a copy of the Revenue Canada Assessment for spousal eligibility.*
* Spouse must be identified as a dependent *

Student Contract

STUDENT NAME: DATE OF BIRTH:

INSTITUTE: DATE:

INSTITUTE LOCATION:

COURSE OF STUDY:

I understand the following conditions apply to my sponsorship by the Lac La Ronge Indian Band for post-secondary studies;

1.   I will accept the responsibility to adhere to the Post Secondary Institution regulations and meet the standards required by the school for continuation in my course of studies.
2.   I agree to attend classes regularly.
3.   I agree to consult with the counsellor of my program if any problems arise academically, emotionally, physically and financially.
4.   I agree to provide my marks and reports on a semester by semester basis to the Post Secondary Student Support Program office.
5.   I understand that it is a serious matter to provide false information. I agree to report any changes to my student and/or program status promptly.
6.   I understand that if I do not successfully complete 50% of my previous academic semester or have been required to discontinue (RTD) by my program, I must wait for one academic year (probation period) to reapply for PSSSP Assistance.
7.   I understand that I have a right to appeal any decision made with respect to my application for sponsorship in accordance with Post Secondary Support Program policies.
8.   **I have received and understand the LLRIB Post Secondary Student Support Program Handbook**.

I hereby agree and understand the terms/conditions for financial assistance that I have read above.

_____   _____
Student Signature   Date

_____   _____
Witness   Date