



Lac La Ronge Indian Band
2026-2027
**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@lribedu.ca

Website: <https://lribedu.ca>

*****Financial assistance must be applied for every year*****

STUDENT NAME: _____

LA RONGE INDIAN BAND
APPLICATION FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

A. ELIGIBILITY

1. The student must be a member of the Lac La Ronge Indian Band. This includes Bill C-31 students. Students who have transferred to the Lac La Ronge Indian Band from another First Nation must wait for a minimum of five years from the date of transfer before being eligible for PSSSP funding. Prior funding will also be taken into consideration. New Lac La Ronge Indian Band Treaty members must provide documentation confirming treaty status.
2. The student must meet entrance requirements and be accepted in a program of at least an eight (8) month duration in a recognized post-secondary institution.
3. Support will be provided within the limits of funds available in accordance with LLRIB funding arrangements. If demand for funding exceeds availability, application will be deferred according to the prioritization rules set out in section 4.0 in the Post Secondary Student Support Program Operating Guidelines.
4. Applications must be received at the Post-Secondary office by the deadline dates:

(Applications must be complete in order to be considered)

September (fall) enrollment	May 31
January (winter) enrollment	October 31
March (Intersession/Summer) enrollment	March 31

B. TYPES OF ASSISTANCE

1. Tuition, Books & Supplies – Student’s tuition will be paid. Student will receive funds for textbooks and supplies which are listed as required by the institution of study.
2. Living Allowance – Allowance will not exceed the amount set out by the budget. Where students attend a foreign institution, this will not exceed maximum levels in Canadian funds.
3. Travel – Students may be granted a travel assistance once every semester if they are required to live away from their permanent place of residence. (This is calculated to be equal to the return transportation of the student’s permanent place of residency to the nearest post-secondary institution that offers the program the student wishes to study).
4. Part-time Students – May receive assistance for the tuition and the cost of books and supplies as noted above, which are listed as required by the institution enrolled in.

C. LIMITS OF ASSISTANCE

Financial Assistance for tuition, compulsory student fees and required books and supplies may be provided to students enrolled in all four levels.

The duration of assistance may exceed the official length of the program as long as the student is in satisfactory academic standing at the institution:

Level 1: Certificate/Diploma;

Level 2: Undergraduate Degree Program;

Level 3: Graduate Degree/Advanced or Professional Degree;

Level 4: Doctoral Degree.

Delivery method may be in-classroom, distance learning as long as it meets all eligibility criteria.

Documentation attached, please check off:	
Attached	On File
_____	_____ Copy of your Grade 12 marks (official)
_____	_____ Copy of your Treaty Card
_____	_____ Copy of your Hospitalization Card (and dependents that you are claiming)
_____	_____ Copy of your previous post-secondary transcripts
_____	_____ Copy of your letter of acceptance from the post-secondary institution
_____	_____ Copy of your class registration or confirmation of enrollment
_____	_____ Copy of your current year Canada Child Benefit (CCB) from Canada Revenue Agency (CRA) Notice of Assessment. (Only if you are claiming dependents)

Have you previously received funding from the Post-Secondary Student Support Program?

___ Yes ___ No

If yes, what program of studies? _____

For what year of studies? _____

EDUCATION HISTORY (Please attach previous transcripts)

School/ Training	Name of Program	Location	Start Date	End Date	Completed? Yes/No	Certificate/ Diploma/Degree Awarded
High School:						
Comm. College:						
Tech. Institute:						
University:						

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name (If Married): _____

Treaty#: _____ (10 digit) Social Insurance #: _____

Date of Birth: Month _____ Day _____ Year _____ Gender: Male ___ Female ___

Student #: _____ E-Mail Address: _____

Cell #: _____ Land line #: _____

Contact person: _____ Contact person Phone #: _____

Permanent Mailing Address: _____

Current Mailing Address: _____

Please write full Mailing address with your City, Province, and Postal Code

Home community: On Reserve ___ Off Reserve ___

La Ronge ___ Hall Lake ___ Sucker River ___ Stanley Mission ___
GMB ___ Little Red ___ Other: _____

Family Status (Please print)

Marital Status: Married/Common Law ___ Single ___

If married or common law, is your spouse employed: Yes ___ No ___

Please list your dependents including your spouse, **only** if you are claiming them.:

Name of Dependant :	Birthdate :

PROGRAM OF STUDIES:

Program/Course of Study: _____

Institution: _____ Institution Location: _____

Length of Program: _____ Year of Study: _____

Funding Start Date: _____ End Date: _____

Expected Graduation Date: _____

Choose one: **Full Time** **Part-Time** (Tuition and Books Only)

Please Select One:

- _____ Level 1: Certificate/Diploma
- _____ Level 2: Undergraduate Degree Program
- _____ Level 3: Graduate Degree/Advanced or Professional Degree
- _____ Level 4: Doctoral Degrees

For Semester: (Choose ONE only)

Fall _____ (Sept-Dec) Winter _____ (Jan-Apr) Fall/Winter _____ (Sept-Apr)
Intersession _____ (May-June) Summer _____ (July-Aug) Intersession/Summer _____ (May-Aug)

**** Funding for Intersession and/or Summer sessions may only be applied for if the program requires that the classes be taken during that time****

Student Signature: _____ Date: _____



POST-SECONDARY EDUCATION

Release of Information

Student Full Name: _____

Student Date of Birth: _____

Student ID #: _____

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: _____



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.

Spouse Signature

Date

Spouse Social Insurance Number

Treaty Number

Student Signature

Date

Please include a copy of the Canada Revenue Assessment and Employment Insurance Verification for spousal eligibility. *

**** Spouse must be identified as a dependent *
Financial need must be supported with/by T4's and other supporting documentation***



POST-SECONDARY EDUCATION

Student Contract

STUDENT NAME:

TREATY NUMBER (10 DIGIT):

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 institution for continuation in my course of studies.
2. I agree to attend classes consistently.
3. I agree to mandatorily consult with the counsellor/academic advisor of my program (once per semester), and notify them of any problems that may arise academically, emotionally, physically, and financially.
4. I agree to mandatorily consult with the LLRIB Post-Secondary Coordinator and/or Counsellor (once per semester), and notify them of any problems that may arise academically, emotionally, physically, and financially.
5. I agree to provide my transcript of marks on a semester-by-semester basis to the Post-Secondary Student Support Program Department.
6. 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.
7. I understand that if I do not successfully complete 75% 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.
8. I understand that I have a right to appeal any decision made with respect to my application for sponsorship in accordance with Post-Secondary Student Support Program policies.
9. **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



POST-SECONDARY EDUCATION

RECEIVED

Date Received: _____

Received by: _____

FAX

Mail

E-Mailed

Other: _____