



Post-Secondary Student Support Program FINANCIAL ASSISTANCE APPLICATION

STUDENT IDENTIFIER

<input type="checkbox"/> New student	<input type="checkbox"/> From UCEP	<input type="checkbox"/> Re-enrollment	Priority no.	Application date	Year	Month	Day
Band code	Family no.	Position no.	Birth date	Year	Month	Day	

BASIC STUDENT INFORMATION

Surname	Given name	Telephone no.
Address	City	Province
Dependents	Allowance category	Residence
Bill C-31	Administering organization	Previous Support (Months)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> UCEPP <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III
		Postal code
		Sex <input type="checkbox"/> M <input type="checkbox"/> F
		Canadian resident <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> On reserve <input type="checkbox"/> Off reserve <input type="checkbox"/> Crown land

EDUCATION PLAN

Category	Attendance	Type of program
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Community college <input type="checkbox"/> University diploma <input type="checkbox"/> B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> P.H.D.
Program / Course	Institution	Location
Occupational field code	Length of program (Years)	Year of study
Institutional acceptance	Training dates	Graduation date
<input type="checkbox"/> Final <input type="checkbox"/> Continued <input type="checkbox"/> Conditional	From	To
	Year	Month
	Day	Year
		Month
		Day

ESTIMATED COSTS

Fiscal year	/				/			
Tuition								
Books and supplies								
TOTAL INSTRUCTION								
Regular living allowance								
High rent allowance								
Seasonal travel								
TOTAL SUPPORT COSTS								
Level III Incentive								
Strategic studies scholarship								
Academic studies scholarship								
TOTAL COSTS								
STUDENT MONTHS								

CONDITIONS FOR EDUCATIONAL ASSISTANCE

I hereby make application for financial assistance and accept the following conditions:

- To become familiar with the assistance limitations under the PSSSP Policy and Guidelines
- To meet the standards required by the institution for continuation of sponsorship
- To provide transcripts or statements of performance at the end of each semester to my counsellor to ensure continuation of sponsorship
- To report any changes to my student and / or program status promptly
- To manage my education and funding to the best of my ability

Student's Signature

Date





BEARSPAW FIRST NATION

Bears paw Post Secondary Education Department
P.O. Box 310, Morley, Alberta T0L 1N0
Ph: 403-881-4237 • F: 403-881-2230
www.bearspaweducation.com

STUDENT CONTACT INFORMATION

Surname: _____ Given Name: _____

Address: _____ City _____ Province: _____

Postal Code _____

Cell/Home Landline: _____ Email: _____

Student Signature: _____ Date: _____

Secondary Contact Person:

Surname: _____ Given Name: _____

Address: _____ City _____ Province _____

Postal Code: _____

Cell/ Home Landline: _____ Email: _____



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CONSENT FOR RELEASE OF PERSONAL INFORMATION

Definition of "Personal Information": Name, Student fee's (Account), Academic History.

Print Name: _____ Student ID# _____

This Agreement ("Agreement") is made and effective this (DATE): _____

Between: Students Name (Print): _____

Address: _____

Postal Code: _____

AND: Bears paw Post-Secondary Student Support Program
P.O.Box 310, Morley, Ab Postal Code: T0L 1N0

In connection with my application for Post-Secondary Sponsorship with Bears paw Post-Secondary, I hereby agree as follows:

I hereby authorize the following Post-Secondary Institution (Name of Institution): _____, to disclose on good faith any information they may have regarding my financial fee, Student accounts and academic history (Marks & Grades). I will hold the Education Institution and giving references free of liability for the exchange of this information and any other reasonable and necessary information relations to the Bears paw Post-Secondary Program. Furthermore, I consent to the release of my information to the Bears paw Administration for purpose of evaluation and support of my post-secondary education

Student

Bears paw Post-Secondary Coordinator

Authorized Signature

Authorized Signature



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STUDENT CONTRACT

CONDITIONS FOR BEARSPAW POST-SECONDARY ASSISTANCE

I hereby make application for financial assistance and accept the following conditions:

I, Name of Student (Print) _____ Student ID#: _____

Bears paw First Nation Band Number (473) _____

- 1) To become familiar with the assistance limitation under Bears paw Post-Secondary Policy.
- 2) To meet the standards required by the Institution for the continual Sponsorship.
- 3) To provide transcripts or marks (Statements) of performance at the end of each semester to Bears paw Post-Secondary.
- 4) To report any changes to my studies or program status promptly.
- 5) To manage my education and funding to the best of my ability.

If I fail to meet the above requirements, I will therefore lose my sponsorship and funding until this matter is resolve.

Student Signature: _____ Date: _____