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Name of Applicant

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Treaty Number

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Application submitted on: Date

Montreal Lake Cree Nation

**APPLICATION FORM  
FOR  
POST SECONDARY  
EDUCATION ASSISTANCE**

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**Box 90**

**Montreal Lake, Saskatchewan**

**S0J-1Y0**

**Phone:(306) 663-5100 Toll Free: 1-888-303-0335 Fax:(306) 663-5499**

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**Deadline Dates:**    **March 31<sup>st</sup> – Summer Term – May commencement**  
                                  **May 31<sup>st</sup> – Fall Term – September commencement**  
                                  **Oct 31<sup>st</sup> – Winter Term – January commencement**

**PART- A ASSISTANCE REQUIRED**

**Are you a:** Continuing student? \_\_\_\_\_(Please update information and send official transcripts from last semester.)

New applicant for **part-time** studies? \_\_\_\_\_ (please complete parts B, C and F)

New applicant for **full-time** studies? \_\_\_\_\_ (please complete parts B, C, D, E and F)

Will you be receiving an income from any other source? \_\_\_\_\_ yes \_\_\_\_\_ no

E.I.: \_\_\_\_\_ Social Assistance: \_\_\_\_\_ Student Loan: \_\_\_\_\_ Other: \_\_\_\_\_

**PART-B STUDENT INFORMATION**

\_\_\_\_\_  
Name: Last                      First                      Initial                      SIN number

\_\_\_\_\_  
Current Address City/Box #                      Postal Code                      Phone #

\_\_\_\_\_  
Home/Permanent Address                      Postal Code                      Phone#

Sex: \_\_\_ M \_\_\_ F    D.O.B \_\_\_\_\_ Y \_\_\_ M \_\_\_ D    Treaty Number \_\_\_\_\_

Marital Status: \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ common-law \_\_\_\_\_ single parent

Bank Name: \_\_\_\_\_ Transit # \_\_\_\_\_ Account # and type: \_\_\_\_\_

**PART- C PROGRAM OF STUDIES/SEMESTER**

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Intersession/Summer: \_\_\_\_\_

\_\_\_\_\_  
Program/Course of Study                      Institution Location

\_\_\_\_\_  
Institution: Acceptance Letter \_\_\_ yes \_\_\_ no    Documents attached \_\_\_ yes \_\_\_ no

Technical/Community College: \_\_\_\_\_ University: \_\_\_\_\_ Private Institution: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Start Date \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D    Graduation Date: \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D

Please submit along with your application, a hand written letter informing the PSSSP office, of the advanced concept of your educational aspirations and future goals. The purpose of this document is for the Post-Secondary office to assist you with your future endeavours as outlined in your letter.

**PART- D FAMILY STATUS**

Spouse's name \_\_\_\_\_ Spouse's Treaty# \_\_\_\_\_

Is spouse presently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO full-time \_\_\_\_\_ part time \_\_\_\_\_  
 other (explain) \_\_\_\_\_

List your dependents and their ages:

Name	Age	Does he/she reside with you?	Treaty Number

**PART- E PREVIOUS EDUCATION AND TRAINING**

Schooling/ Training	Name	Location	Program Completed	Year Completed	Cert. Or dip required
High School					
Community College					
Technical Institute					
University					
Other (specify)					

## **PART- F STUDENT CONTRACT**

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***I understand the following conditions apply to my sponsorship by the Montreal Lake Post-Secondary Student Support Program for educational studies***

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1. I **will accept** the responsibility to adhere to the school regulations and meet the standards required by the school for continuation in my course of studies.
2. I **agree** to attend classes regularly and I will also submit every month the **Student Declaration of Attendance** form and I am aware that failure to do so will result in a delay of receiving my student allowance for the month.
3. I **agree** to consult with the Counsellor or Coordinator if any problems arise academically, emotionally, physically and financially.
4. I **agree** to provide **my transcripts every term** to the Montreal Lake Post-Secondary Student Support Program.
5. I **agree to report any changes** to my student and/or program status promptly. I understand that it is a serious matter to provide false information and/or fail to report any changes in the information provided.
6. I **authorize** Montreal Lake Post Secondary Student Support Program to obtain information from persons, agencies, or organizations to determine and/or verify my eligibility for benefits or services under the Montreal Lake Post Secondary Student Support Program.
7. I **declare** that all the information provided is true and complete and I make solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath.
8. I **understand** that I have the right to appeal any decision made with respect to my application for sponsorship in accordance with Montreal Lake Post-Secondary Student Support Program policies.
9. I **understand** that when I leave the PSSSP as a student any money that I may be in debt will be recovered by future sponsorship by the PSSSP or future EMPLOYMENT with the Montreal Lake Cree Nation in the way of deductions to my allowance or to my payroll.

**I have read the above and I hereby agree to the terms and conditions for financial assistance.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_