



Cowessess First Nation #73
POST SECONDARY SUPPORT PROGRAM

BOX 40, COWESSESS, SK S0G 5L0
TEL: (306) 696-3418 FAX: (306) 696-2739
TOLL FREE: 1-866-470-3418

RE: Post Secondary Support Program

Enclosed with this notice is an application form. To be considered for sponsorship, a completed Application form must be submitted to the Post Secondary Support Program before the application deadline.

Application deadlines are as follows:

Winter Semester	January to April	Last business day in October
Spring Summer Intersession	May to August	Last business day in February
Fall Semester	September to December	Last business day in June

Information regarding the Post Secondary Support Program can be found in the Post Secondary Support Program Student Policy. A copy of this policy is also included with this notice if requested.

When considering which Post Secondary Institution to attend, these points, from the PSSP Policy are important.

- ❖ The institution must be accredited.
- ❖ **MUST** have a completed Gr.12, ABE 12 or GED 12
- ❖ The program must be a minimum of 26 weeks.
- ❖ Living allowance is available to Full-time student in traditional program of study. Other students are eligible for books and tuition.
- ❖ Tuitions are subject to a maximum of \$6,500.00 Canadian funds, over a one-year period.
- ❖ Book and supplies are allowable to maximum of \$2000.00

New Students & Continuing Students will also be required to submit:

- Letter of acceptance to Institution
- Verification of Status (photocopy of both sides of Status Card or Verification letter from Membership Clerk (306) 696-2520)
- Verification of Dependants (CTB Notice in student's name)
- Copy of Official Gr. 12 Transcripts
- PAD (pre-authorized debit) Form for you banking institution (all disbursements are direct deposit).
- Copy of transcripts (for continuing students)
- Copy of class registration

If you have any questions or require clarification of this letter, please contact the Post Secondary Office at one of the numbers available above.

Respectfully,

Cowessess FN PSSP Office



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Post Secondary Student Application

Protected When Complete

1. Personal Information

Surname	Apt. Number, Street, Box Number		
First and Middle Name (s)	City or Town	Province	Postal Code
Date of Birth (m,d,y)	Country	Telephone	
Status Number	Email		

Eligible Dependents (Documentation is required for dependents)

Name (s):	Birth Dates (m,d,y)

**** Students are required to submit an application every semester before application deadline****

Fall Deadline: Last Business Day in June
 Winter Deadline: Last Business Day in Oct.
 Intercession Deadline: Last Business Day in Feb
 Summer Deadline: Last Business Day in Feb

2. Education

HIGH SCHOOL or SECONDARY EDUCATION

Grade 12: High School Adult Basic Education General Equivalency Diploma (GED) Year _____

POST SECONDARY EDUCATION/PREVIOUSLY FUNDED

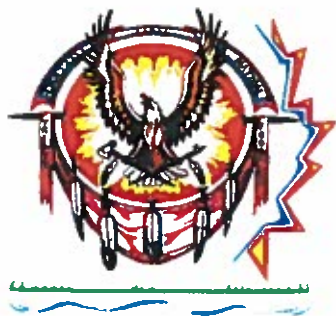
University, College, Technical Institute	Program	Prov.	Degree, Diploma, Cert. Obtained	Year/Complete

3. Program Information

Program Name:	Institution Name (required for Tuition to be Paid)	Location
Institution Address:	Program Start Date:	Program End Date:
Semester for which applying for: Fall (Sept-Dec) <input type="radio"/> Winter (Jan-April) <input type="radio"/> Intercession (May-June) <input type="radio"/> Summer (July-Aug) <input type="radio"/>	Attendance: Full-Time <input type="radio"/> Part-Time <input type="radio"/>	
Certificate <input type="radio"/> Diploma <input type="radio"/> Degree <input type="radio"/> Masters <input type="radio"/> PH.D <input type="radio"/>		

Date: _____

Signature _____



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Authorization for Release of Academic Information

I, _____ (name) hereby authorize educational institutions to release my academic information.

Information concerning my schedule, courses, grades, transcripts, attendance, qualifications, academic status, financial information or other matters relating to my ability as a student may be released upon request.

This authorization does NOT include permission to release any information regarding my medical or mental health records, which will remain private.

Student Signature

Student Number

Date

Student Contract

TERMS AND CONDITIONS OF SPONSORSHIP FOR POST SECONDARY STUDIES

I will accept the responsibility to adhere to the educational institution regulations and meet the standards required by the educational institution for continuation in my course of studies

I agree to register and attend a required course load as per the Post Secondary Support Program Policy

I agree to immediately inform the Post Secondary Support Program of any academic difficulties with my program. This includes prompt notification of any changes in student and/or program status.

I agree to provide all required documents, including an application form, to the Post Secondary Support Program every semester.

I understand my dependents must reside in my residence in order to be claimed as dependents.

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

I HEREBY AGREE TO THE ABOVE TERMS AND CONDITIONS FOR SPONSORSHIP.

Date:

Print Name:

Signature: