

LITTLE PINE FIRST NATION POST SECONDARY
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Toll Free: 1 800 407 7526

Congratulations for reaching a point in your life and in your learning where you are considering a long term certificate or degree program beyond grade twelve . This is a major step for you personally and for First Nations people . We look forward to working with you so that your hopes and dreams may become a reality.

Below is some general policy information that is important for you to keep in mind while you are completing your application . If you have any questions or need assistance please do not hesitate to contact our office.

GENERAL INFORMATION

The purpose of the LITTLE PINE FIRST NATION POST SECONDARY PROGRAM is to enable Little Pine First Nations students to pursue a higher education. However, the funding is CAPPED, so not everyone who applies is eligible to be funded. Acceptance of support funding requires a major commitment on the part of the student to work hard to complete the program successfully.

To be eligible a student must:

- 1) have a complete GRADE 12 or equivalent**
- 2) have been accepted into a program which is 8 months in length and requires a grade 12 level for admission**
- 3) be enrolled in a technical institute or university which offers the program**
- 4) must be a member of LITTLE PINE FIRST NATION**
- 5) applicants must submit the following documentation :**
 - a) copy of status card**
 - b) acceptance letter from the institution**
 - c) dependent verification (Revenue Canada Child Tax Assessment Form)**
 - d) final registration (when approved for funding)**
 - e) most recent mark transcripts**
 - f) grade 12 or equivalent documentation**
 - g) program information**
- 6) COMPLETE APPLICATION DEADLINE DATES (complete clarified April 2017)**

FALL (SEPTEMBER) ENROLLMENT JUNE 30TH

- (1) continuing students**
- (2) new applicants if funds are available**

WINTER (JANUARY) ENROLLMENT JUNE 30TH

- (1) continuing students**
- (2) new applicants if funds are available**

INTERCESSION (MAY)

SUMMER (JUNE) ENROLLMENT FEB 28 TH

- (1) continuing students only**

LITTLE PINE FIRST NATION POST SECONDARY ED. ASSISTANCE APPLICATION FORM

FULL TIME PROGRAM : _____ **PART TIME PROGRAM** _____

OUTLINE YOUR CAREER PLAN :

PRIVACY ACT STATEMENT

The information you provide on this document is for the purpose of resourcing and administering post secondary financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT. Name, Address & Phone will be released to other departments of Little Pine First Nation for communication of Band information to the Band member.

1.NAME: _____
Surname First Middle Initial

TREATY # : D.O.B. : _____
Day Month Year

SIN #: _____ **used to verify dependent information only**

2. ADDRESS: _____
Apartment no. / Street no. / or Box no.

Town / City Province / State

Postal Code/ Zip Code

TELEPHONE NUMBER : () _____

EMAIL ADDRESS: _____

4. PREVIOUS EDUCATION AND TRAINING:

Level	Institution Name & Address	Type(s) of Certificate / Diploma / Degree	Yr	Completed Y or N
University				
Technical Institute				
Community College				
Private Institution				
High School				
Other				

5. Please indicate to LITTLE PINE FIRST NATION, any prior funding you may have had. This information will be kept confidential in your file and shall be referred to should you require further Post Secondary funding. This is COMPULSORY for the purpose of Post Secondary Funding.

INSTITUTE: _____

PROGRAM: _____

YEAR: _____ **MONTHS:** _____

INSTITUTE: _____

PROGRAM: _____

YEAR: _____ **MONTHS:** _____

6. INSTITUTE CHOICE WHERE FUNDING IS REQUIRED:

Institution / Location		Program of Study
—		
Length of program	Months / Years	Start Date of Program
Credit Units Enrolling In	Tuition cost	Book cost

7. STUDENT'S RELEASE OF AUTHORIZATION : FOR THE STUDENT'S FILE

I hereby authorize that all information concerning my academics may be released upon request to LITTLE PINE FIRST NATION POST SECONDARY.

STUDENT'S NAME: (please print) _____

STUDENT'S SIGNATURE: _____

DATE: _____ STUDENT #: _____

INSTITUTION: _____

SESSION(S): _____
Specify Regular Session (Sept - April, year) // Intercession & Summer Session, (May - Aug. year)

8. STUDENT'S RELEASE OF AUTHORIZATION : TO BE SENT TO INSTITUTE

I hereby authorize that all information concerning my academics may be released upon request to LITTLE PINE FIRST NATION POST SECONDARY.

STUDENT'S NAME: (please print) _____

STUDENT'S SIGNATURE: _____

DATE : _____ STUDENT #: _____

INSTITUTION: _____

SESSION(S): _____
Specify Regular Session (Sept - April, year) // Intercession & Summer Session, (May - Aug. year)

DIRECT DEPOSIT

****Direct deposit is available to residents with Canadian Accounts only ****

NAME: _____

ADDRESS: _____

Apartment no. / Street no. / Box no.

Town / City

Province / State

Postal / Zip Code

TELEPHONE: (____) _____

NAME AND ADDRESS OF BANK : _____

BANK TELEPHONE : (____) _____

BANK TRANSIT NUMBER : (must be 5 digits)

STUDENT ACCOUNT NUMBER :

TYPE OF ACCOUNT : (e.g.: savings , chequing)

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL .

PLEASE PROVIDE ALL THE REQUIRED INFORMATION. CHECK WITH YOUR BANK SO THAT THE INFORMATION IS ACCURATE TO INSURE WE GET YOUR MONEY TO YOU ON TIME. INCOMPLETE OR INCORRECT INFORMATION CAUSES DELAYS (Up to three weeks - over which we have no control).

IF YOU HAVE A CHEQUING ACCOUNT, PLEASE SUBMIT A BLANK VOID CHEQUE TO OUR OFFICE, IT WILL PROVIDE ALL THE NECESSARY INFORMATION WE NEED.

I HEREBY AUTHORIZE LITTLE PINE FIRST NATION POST SECONDARY TO DIRECTLY DEPOSIT INTO MY BANK ACCOUNT AS NOTED ABOVE.

Signature **Date**