



Little Red River Cree Nation
Community Services
Post-Secondary Student Support Program (PSSSP)
Post Secondary Application

Garden River Nation Office (780)659-3677
Fox Lake Nation Office (780)659-2034
John D'or Prairie Nation Office (780)759-3912



Community Services Post-Secondary Student Support Program (PSSSP)

Box 30, John D'or Prairie, AB. T0H 3X0 Phone:(780)759-3912 Fax:(780)759-2751

3.4.19 APPENDIX P: Application

PART A BASIC STUDENT INFORMATION

Instructions for filling out the application are in Appendix N

1) Surname	2) Given Name	3) Sex <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other	4) Birthdate	5) Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common-law
6) Status No.	7) Social Insurance No.	8) Telephone	9) Cell phone Number	10) Email Address
11) Address	12) City	13) Province	14) Country	15) Postal Code
16) Leave of Absence from Employment <input type="radio"/> Yes <input type="radio"/> No	17) With Pay <input type="radio"/> Yes <input type="radio"/> No	18) Prior Funding Support <input type="radio"/> Yes <input type="radio"/> No	19) Year	20) Sponsor Agency
21) Institute Attended	22) Classification <input type="radio"/> Part-time <input type="radio"/> Full-time	23) Completed <input type="radio"/> Yes <input type="radio"/> No	24) Have you applied for funding elsewhere for this term? <input type="radio"/> Yes <input type="radio"/> No	
25) If you have applied elsewhere for post-secondary funding for this term, please provide: Name of the Organization		Contact Information		
26) Personal Bank Account (Optional Information Only to Facilitate Direct Deposit if Required)				
Bank Name		Transit #		Account #



3.4.19 APPENDIX P: Application (con)

PART B EDUCATIONAL BACKGROUND

27) High School Attended	28) Year		29) Grade Achieved	30) Completed <input type="radio"/> Yes <input type="radio"/> No	31) Transcripts or Provincial Diploma <input type="radio"/> Yes <input type="radio"/> No
32) Technical Institute/College	33) Year	34) Program	35) # of Years	36) Completed <input type="radio"/> Yes <input type="radio"/> No	37) Certificate or Diploma <input type="radio"/> Yes <input type="radio"/> No
38) Technical Institute/College	39) Year	40) Program	41) # of Years	42) Completed <input type="radio"/> Yes <input type="radio"/> No	43) Certificate or Diploma <input type="radio"/> Yes <input type="radio"/> No
44) University Attended	45) Year	46) Program	47) # of Years	48) Completed <input type="radio"/> Yes <input type="radio"/> No	49) Degree or other certification <input type="radio"/> Yes <input type="radio"/> No
50) University Attended	51) Year	52) Program	53) # of Years	54) Completed <input type="radio"/> Yes <input type="radio"/> No	55) Degree or other certification <input type="radio"/> Yes <input type="radio"/> No



3.4.19 APPENDIX P: Application (con)

PART C EDUCATION PLAN

56) Student ID #	57) Career Objective	58) Graduation Result <input type="radio"/> Certificate <input type="radio"/> Diploma Other_____	59) Institute	60) Classification <input type="radio"/> Part-time <input type="radio"/> Full-time
61) From M/D/Y:			62) To M/D/Y:	
63) Course ID			64) Course Description	
65) Expected Graduation Date M/D/Y				



3.4.19 APPENDIX P: Application (con)

PART D DEPENDENT INFORMATION

66) Dependent Surname	67) Dependent Given Name	68) Middle Initial	69) DOB

Note: False information may result in a denial of educational sponsorship or an immediate cancellation of an existing educational sponsorship by Little Red River Cree Nation Community Services PSSP.



PART E FINANCIAL SUPPORTS

[illegible]



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3.4.19 APPENDIX P: Application (con)

80) Child/Dependent Care

81) Total

Student Name 18+ (Please Print)_____ Student Signature_____

Guardian Name if student is under 18 (Please Print)_____

Guardian Signature if student is under 18_____



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3.4.23 APPENDIX T: Student Information Release

DATE

ORGANIZATION NAME

ADDRESS

To Whom It May Concern:

I, _____ authorize _____ to release
(print student name) (print institute name)

to the Employment Facilitator who has been assigned my file information regarding my academic standing and attendance records (attendance if possible) in the program (print program name)

during the approved period of study from _____ to _____

Student ID number

Student signature

Date