



**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**



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



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 (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



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 (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.



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 (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 _____



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

3.4.23 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



3.4.26: Student Declaration- Employment and Income Reporting

A. STUDENT INFORMATION

Name: _____
Surname (Family Name) Given Name Initial

Address _____
Street City Province Postal Code

Telephone _____ Email _____

Declaration

I, _____ (full name), hereby declare that:

1. I will not engage in any form of employment (full-time, part-time, self-employment, or contract work) during the duration of my education program as stated in my Post Secondary Application.
2. I understand that if I obtain employment or receive any form of income during my studies, including but not limited to wages, freelance earnings, stipends, or financial gifts, I am required to report this income promptly to my assigned Employment Facilitator.
3. I acknowledge that failure to report any income received during the period of my studies may result in consequences, including but not limited to the termination of my financial support and/or requirement to repay funds received.
4. I confirm that the information provided in this declaration is true, complete, and accurate to the best of my knowledge.

Student Signature

Signature: _____

Date: _____