



Whitefish Lake First Nation #459

APPLICATION FOR POST- SECONDARY FUNDING

STUDENT IDENTIFIER:

Active Student: _____ From UCEP: _____ RE-enrollment: _____ New Enrollment: _____

Application Date: _____ Date of Birth: _____

Indian Registry Number: _____ Social Insurance Number: _____

BASIC STUDENT INFORMATION:

Surname: _____ Given Names: _____ Male: _____ Female: _____

Address: _____ City: _____ Postal Code: _____

Telephone: (H): _____ Cell: _____ E-mail: _____

Residence: On Reserve: _____ Off Reserve: _____

Number of Dependents: _____

EDUCATIONAL PLAN Full time: _____ Part time: _____

Program Type: UCEP: _____ Certificate: _____ Diploma: _____ Degree: _____ P.G.: _____

Program Name: _____ Institution: _____

Location: _____ Length of Program: _____ Year of Study: _____

Graduation Date: Year: _____ Month: _____

Institutional Acceptance: First: _____ Continued: _____ Conditional: _____

Program Dates: From: _____ To: _____

STUDENT CONFIRMATION OF APPLICATION

I confirm the information presented above and in support of this application is true to the best of my knowledge. I understand that continued support by Whitefish Lake First Nation # 459 rests on the accuracy of this documentation, as well as my performance in my selected program.

Print Name

Signature

Date:

Student Number if known: _____

EDUCATION DEPARTMENT USE ONLY

Date Application received: _____

Date Application reviewed: _____

Date of Conference: _____

Chief and Council Meeting Date: _____ Approved: _____ Not Approved: _____

Date Student Advised of Decision: _____

POST SECONDARY EDUCATION PROGRAM
BUDGET PREPARATION SHEET

Instructions:

Please complete the following sheet and return it with the Application to the Whitefish Lake First Nation #459 Education Department no later than the deadline date of: **May 15**

1. Name: _____
2. Institution: _____
3. Funding Application for (Circle one) FIRST TIME CONTINUING
4. Residence while attending school: _____
5. Program will last: _____ Years This is my _____ year of my Program.
6. Will Practicum travel be required this year? YES or NO
7. Married or Single
8. If Married, state spouses' employment: _____
9. Number of dependent children in the house hold
10. Tutoring costs: _____ (Documentation required)

Dependent Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BANKING INFORMATION:

Bank:

Branch#:

Institution #:

Account #:

Please include a short paragraph on your educational goals.



Whitefish Lake First Nation #459

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

PERSONAL DATE

NAME:

EDUCATIONAL INSTITUTION: _____

PROGRAM/COURSE: _____

YEAR: _____

Please release my information regarding educational progress, financial information relating to payment of tuition, fees and admission/withdrawal status to the Educational Staff.

This information is to be given to the following only:

1. Anna Okemow Director of Education

- 2.

I give my consent/permission for the disclosure of this information voluntarily. I am aware that I may revoke my consent at any time by doing so in writing to the College or to my sponsoring agency Whitefish Lake First Nation #459 Education Department. If the institution requires their own forms for this process I agree to processing the forms and sending a copy back to the Director before the programs commencement date.

Student: Print Name

Signature

Date

