

# FLYING DUST FIRST NATION

## Post-Secondary Student Support Program Application

8001 Flying Dust First Nation  
Meadow Lake, Sk. S9X 1T8

Toll Free: 1-888-236-4437  
Phone: (306) 236-4437 Fax: (306)-236-3373

***\*The information you provide on this document is for the purpose of administering and resourcing post-secondary financial assistance. Personal information will be held confidential and will be protected under the provision of the Privacy Act\****

Congratulations for reaching a point in your life and in your learning where you are considering an educational path 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.

### GENERAL INFORMATION

The purpose of the **POST SECONDARY PROGRAM** is to enable 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 of funding requires major commitment on the part of the student to work hard to complete the program successfully.

### TO BE ELIGIBLE APPLICANTS MUST:

- 1) must be a band member of Flying Dust First Nation
- 2) must be resident in Canada for 12 consecutive months before the date of application
- 3) have a complete Grade 12, Adult 12 or GED 12
- 4) be accepted into a program which is 8 months in length and requires a grade 12 level
- 5) be enrolled in an educational institute which offers the program
- 6) SUBMIT the following documentation:
  - a) copy of status card
  - b) acceptance letter from the institute
  - c) dependent verification (ie. copy of health card, school registration)
  - d) final class/course registration (when approved for funding)
  - e) high school, Adult 12 or GED 12 transcripts
  - f) tracking sheet of classes (when approved for funding)
  - g) program information

**Failure to submit ALL required documentation by deadline dates will result in delays and/or disqualification from funding. Complete application submission dates are factored into selection.**

### Flying Dust PSSP Application DEADLINE DATES:

<b>FALL (September enrolment)</b>	<b>May 31</b>
<b>WINTER (January enrolment)</b>	<b>November 30</b>
<b>SPRING/SUMMER SESSION (May-August enrolment)</b>	<b>March 30</b>

**\*\*ALL AREAS MUST BE FILLED OUT COMPLETELY\*\***

**PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS**

Is this your first Application? Yes No

**A) PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_  
Surname First Middle Initial

**Date of Birth:** \_\_\_\_\_ Treaty Number: \_\_\_\_\_  
Month/Day/Year (Full 10 digits)

**ADDRESS:** \_\_\_\_\_  
Apt. No./Street No. Box No. Town/City Prov./State

\_\_\_\_\_   
Postal Code/ Zip Code Phone Number

**Email Address:** \_\_\_\_\_

**MARITAL STATUS:** ( ) Single ( ) Single Parent ( ) Married ( ) Common-Law

In the event that you cannot be reached at your residence, leave name and number where message can be left for you.

**NEXT OF KIN:** \_\_\_\_\_  
Surname First Middle Initial

**ADDRESS:** \_\_\_\_\_  
Apt. No./Street No. Box No. Town/City Prov./State

\_\_\_\_\_   
Postal Code/ Zip Code Phone Number

**B) FAMILY STATUS (Please fill out this area if you are claiming dependents)**

Spouses Name: \_\_\_\_\_ Spouses Band: (if applicable) \_\_\_\_\_

Is spouse employed? Yes No Is spouse a student? Yes No

Is spouse a dependent? Yes No Date of Marriage/Common-law \_\_\_\_\_

*If spouse is unemployed, please enclose a letter from your spouse to verify that he/she is not receiving income from any other source. If no letter is on file, your spouse will be considered employed and therefore not a dependent.*

**Dependents (as defined in the Flying Dust PSSSP Policy Manual)**

NAME	SCHOOL ATTENDING	CITY/TOWN
1. _____		
2. _____		
3. _____		
4. _____		

(If you need more space, attach another sheet with the required information to the application)

**ACCORDING TO THE POLICY MANUAL, STUDENTS WHO MISREPRESENT THEIR MARITAL STATUS, DEPENDENTS OR ACADEMIC STATUS WILL HAVE THEIR FUNDING TERMINATED**

**C) PREVIOUS EDUCATION AND TRAINING**

	Name of School	Address of School	Name of Program	Year Completed	Certificate Diploma
High School					
College					
College					
Technical					
University					
University					

**D) ASSISTANCE REQUIRED**

I am applying for assistance for funding to enroll at a Post-Secondary Institution I have been accepted \_\_\_\_\_ (Initial)

Program or Course of Study: \_\_\_\_\_ Institution: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Length of Course (# of months) \_\_\_\_\_ Attendance: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Application Date: \_\_\_\_\_ Term: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Institution Acceptance? Yes No Unknown

Please check one: \_\_\_\_\_ Technical (trades) \_\_\_\_\_ Community College \_\_\_\_\_ University Entrance (UEP)  
 \_\_\_\_\_ University Bachelor \_\_\_\_\_ University Masters \_\_\_\_\_ University Ph. D

- I declare that the information provided is true and complete to the best of my knowledge.
- I understand that I have the right to appeal any decision made with respect to my application for sponsorship

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

**Date application received:** \_\_\_\_\_ **Complete: Yes No**

**Date full application requirements met:** \_\_\_\_\_



**Flying Dust Post-Secondary Student Support Program**  
**8001 Flying Dust ~ Meadow Lake, SK ~ S9X 1T8**  
**Phone (306)236-4437 Fax (306)236-3373**

## Release of Information Authorization

Student Information (please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Student Number: \_\_\_\_\_ DOB (mm/dd/yr): \_\_\_\_\_  
Institution: \_\_\_\_\_ Term(s): \_\_\_\_\_

**Release information to: Flying Dust First Nation Post-Secondary Student Support Program**

***This release includes the student registration, student program profile sheet, progress reports and academic transcripts.***

By signing below, I acknowledge that I have read and understand this document and authorize \_\_\_\_\_ to release information to the above organization.

(Name of school)

I also understand that this authorization will remain on file and serve as an ongoing authorization while I am attending this school unless an expiry date has been indicated on this form. I also acknowledge that I may withdraw this authorization at any time by providing a signed written letter.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\* This form is to be completed by new applicants and any continuing applicants for Intercession and Summer session.***

**DIRECT DEPOSIT FORM**

*\*\*Direct deposit is available to residents with Canadian Accounts Only\*\**

I \_\_\_\_\_ hereby authorize Flying Dust First Nation Post Secondary Student Support Program to deposit to my account at the below designated bank or financial institution any cheques which become payable to me during the period of my academic studies.

I waive free from all responsibility and will save harmless, the Flying Dust First Nation (FDFN), its employees or any agents thereof, from all claims arising out of any loss suffered by virtue of the performance, nonperformance or misfeasance of this service. I further acknowledge that the FDFN shall be absolved of all responsibility for the said cheques once they are placed in the official mail of Canada or are otherwise delivered to the named bank or financial institution.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_

NAME AND ADDRESS OF BANK: \_\_\_\_\_

BANK TRANSIT NUMBER (must be 5 digits) \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ TYPE OF ACCT: \_\_\_\_\_

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.**

Please provide all the required information. Check with your bank so that the information is accurate to ensure we get your money to you on time. Incomplete or incorrect information causes delays.

**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 FLYING DUST FIRST NATION POST SECONDARY STUDENT SUPPORT PROGRAM TO DIRECTLY DEPOSIT INTO MY BANK ACCOUNT AS NOTED ABOVE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FDFN Post-Secondary Student Support Program  
Responsibilities of the Student Form**

Student Name: \_\_\_\_\_

As a sponsored student of Flying Dust First Nation (FDFN) I agree to:

1. Represent FDFN in a positive and respectful manner at all times;
2. Take an active interest in my studies, perform to the best of my abilities and attend classes regularly and on time with the goal to complete my program;
3. Authorize Release of Information form concerning my academic status and attendance;
4. Provide access to your online institution student account to the Post-Secondary Coordinator;
5. Submit a copy of registered class schedules to the Post-Secondary Coordinator within two weeks of registering for each term and notify the coordinator of any changes;
6. Submit an updated Program Plan/Tracking Sheet/Program Guide to the Post-Secondary Coordinator at the end of each academic year;
7. Correspond with the Post-Secondary Coordinator at least once during each term you are enrolled to check-in with how you are doing. (I am here to support your success in your program in any way I can);  

[debra.tootosis@flyingdust.net](mailto:debra.tootosis@flyingdust.net)
8. Notify the Coordinator of any program or course transfers, class changes or withdrawals, any change in personal information (ie: address) or personal status (ie: number of dependants, marital status, medical status or program status);
9. Submit a Continuing Studies Notification form each term/semester by the deadline dates if I expect to receive financial assistance;
10. Carefully read and comply with all conditions contained in the student policy manual.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DFDN POST SECONDARY STUDENT SUPPORT PROGRAM  
STATEMENT OF INTENT**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

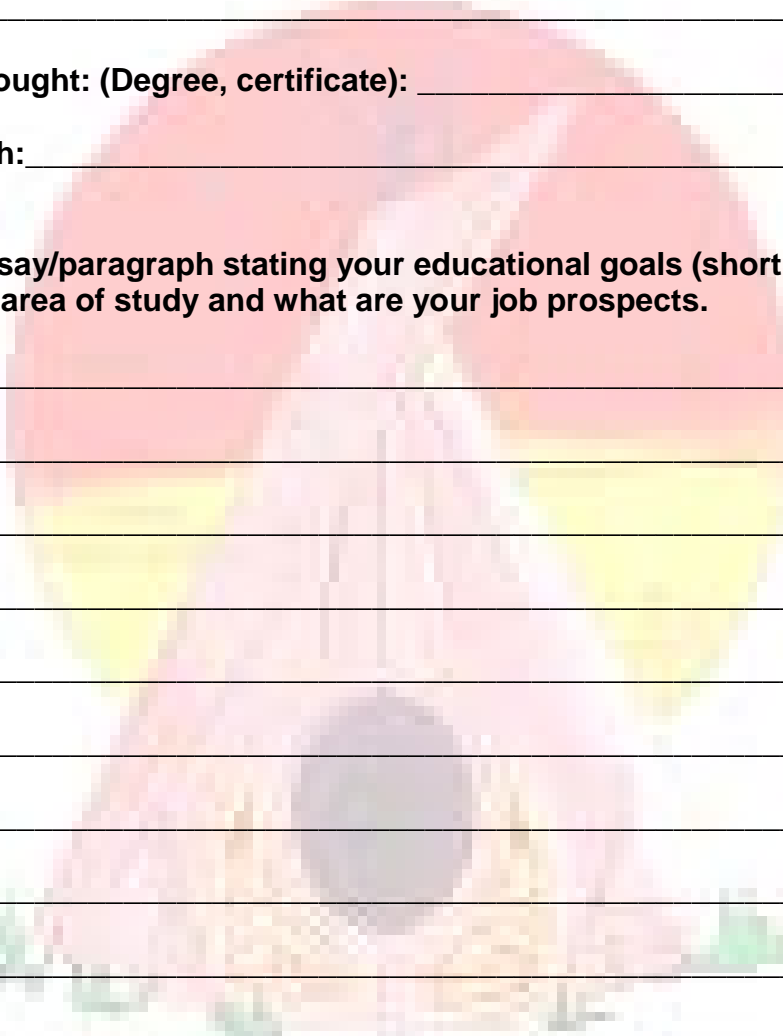
**Institute Attending:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Qualification Sought: (Degree, certificate):** \_\_\_\_\_

**Program Length:** \_\_\_\_\_

**Write a brief essay/paragraph stating your educational goals (short and long), why you chose this area of study and what are your job prospects.**



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***I acknowledge that I have read and understood the policies contained in the DFDN Post- Secondary Policies & Procedures Manual and will abide by it.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date