

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 with application:
 - a) copy of status card
 - b) official high school, Adult 12 or GED 12 transcripts
 - c) dependent verification (ie. copy of health card, school registration)
 - d) acceptance letter from the institute
 - e) information on program you are applying for

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:

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

****ALL AREAS OF APPLICATION MUST BE FILLED OUT COMPLETELY****

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Date of Application: _____

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 _____

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

NEXT OF KIN: _____
Surname First

CONTACT INFO _____

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

Spouses Name: _____ Band: (if applicable) _____

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

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 PROVIDE FALSE OR MISLEADING INFORMATION ON THIS APPLICATION WILL HAVE THEIR FUNDING TERMINATED.

C) PREVIOUS EDUCATION AND TRAINING

	Name of School	Program Attended	Address	Year Completed
High School				
College				
Technical				
University				

D) ASSISTANCE REQUIRED

Program/Course: _____ Institution: _____

Program Start Date: _____ Graduation: _____

Length of Course (months) _____ Attendance: Full time _____ Part time _____

Term: Fall _____ Winter _____ Spring _____ Summer _____

Institution Acceptance? Yes No Unknown

Please check one: _____ Technical/Trades _____ Community College _____ University Prep (UEP)

_____ Undergraduate _____ Masters _____ Ph. D

Will you be receiving any additional funding? (ie: scholarships/bursaries/student loans)

- 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: _____



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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 as 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. This includes all communication with FDFN Student Services Coordinators.**
- 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 my online institution student account to the FDFN Student Services Coordinator;**
- 5. Submit a copy of registered class schedules to the FDFN Student Services Coordinator within 2 weeks of registering for each term and notify the coordinator of any changes;**
- 6. Submit an updated Program Plan/Tracking Sheet to the FDFN Student Services Coordinator at the end of each academic year;**
- 7. Correspond with the FDFN Student Services at least once during each term you are enrolled to check-in with how you are doing. We are here to support your success in your program in any way I can);**
- 8. Notify the Coordinator of any program or course transfers, class changes or withdrawals, any change in personal information or 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:** _____

**FDFN 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.



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

Student Signature

Date