FLYING DUST FIRST NATION
Post-Secondary Student Support Program Application

8001 Flying Dust First Nation
Meadow Lake, Sk. S9X 1T8 education@flyingdust.net

Toll Free: 1-888-236-4437
Phone: (306) 236-4437, ext.6 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

"Education is a path that strengthens who we are, honors where we come from, and prepares us for where we are going."

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

SUBMIT the following documentation with application:

- ☐ copy of status card
- ☐ official high school, Adult 12 or GED 12 transcripts
- ☐ dependent verification (ie. copy of health card, school registration)
- ☐ acceptance letter from the institute
- ☐ 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 1st**
WINTER (January enrolment)	**November 1st**
SPRING/SUMMER SESSION (May-August enrolment)	**March 1st**

****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: _____

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 (See last page of this application for definitions)

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 Name:_____

Institution City & Province:_____

Program Delivery: ☐ **In-Person** ☐ **Online** ☐ **Hybrid (blended learning)**

Program Start Date/Term: _____ **Expected End Date:**_____

Program Length (months):_____**Enrollment Status:** ☐ **Full time** ☐ **Part time**

Program Type: ☐ **Certificate** ☐ **Diploma** ☐ **University Prep (UEP, Bridging Prg)**

☐ **Undergraduate Degree** ☐ **Masters** ☐ **Ph. D** ☐ **Technical/Trades**

Total Tuition cost (approx.) $_____

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

Student Signature:_____ Date:_____

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 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.***

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. **I understand that publicly defaming, disrespecting, or bashing Flying Dust First Nation, its staff, leadership, or programs on social media or public platforms may result in immediate review and withdrawal of funding.**

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 we 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 continue receiving financial assistance with FDPSSSP;**

10. **Carefully read and comply with all of the above student responsibilities laid out by the Flying Dust Post-Secondary Student Support Program.**

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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Student Signature Date

1.0 DEFINITIONS

1.1 **"FDFN"** means the Flying Dust First Nation which administers the Post-Secondary Student Support Program.

1.2 **"Treaty/Status Indian"** means a person whose name has been entered in the Indian Register in accordance with the Indian Act and/or a person recognized as possessing First Nation membership status in accordance with the laws of the Flying Dust First Nation.

1.3 **"Post-Secondary Institutions"** means a nationally recognized post-secondary institute according to the National Policy Guidelines. FDFN will maintain a list of recognized post-secondary institutions.

1.4 **"Program of studies"** includes all post-secondary programs, at least eight (8) months in duration leading to a certificate, diploma, Undergraduate Degree, Master's Degree or Doctorate (Ph.D). Pre-requisite courses or classes to post-secondary programs are included. Eligible programs must have an entrance requirement of secondary school completion or its equivalent (gr.12, Adult 12 or GED 12)

1.5 **"Public Institution"** is a post-secondary institution which receives the majority of its funding from federal and provincial governments.

1.6 **"Private Institution"** is a Canadian or foreign institution which does not receive its funding from federal or provincial governments but from other sources.

1.7 **"Full Time Students"** as defined by FDFN. First year university students are required to carry a class load of 3 classes per term or acquire 18 credits per academic year to maintain their Full Time Student status or 60% of a full time class load. All other university students (2nd year and up) are required to carry a class load of a minimum of 4 classes per term or acquire 24 credits per academic year to maintain their Full Time Student status or 80% of a full time class load. College and Technical Institutes Full Time Student status is as defined by the institution.

1.8 **"Part Time Students"** as defined by FDFN. First year university students who carry less than 3 classes per term or acquire less than 18 credits per academic year are considered Part Time Students. All other university students who carry a class load of less than 4 classes per term or acquire less than 24 credits per academic year are considered Part Time students. College and Technical Institutes Part Time Student status is as defined by the institution.

1.9 **"Academic Year"** is as defined by the post-secondary institution, but will not be less that 8 months in duration.

1.10 **"Term/Semester"** refers to a part of the academic year, as defined by the post-secondary institution. Term/Semester usually covers the periods from September to December (Fall), January to April (Winter), May & June (Spring), and July & August (Summer).

1.11 **"Dependant Spouse"** means a person who is married to the student or a person who is living common law with the student. This person is dependent upon the student and is not in receipt of any income. **If a student claims a dependent spouse, legal**

documentation must be provided to FDFN to support that claim (ie: commissioned letter, health card, drivers licence, status card, etc.)

1.12 **"Dependant"** means a child who is dependent upon the applicant as defined by Revenue Canada. This will include dependents 18 years of age and up to 21 years of age if they are attending a high school program and not in receipt of any other forms of financial assistance.

1.13 **"Wait List"** is a list of applicants whose applications have been deferred due to the programs limits of funding. These applications will be prioritized in accordance with the category they fall under in Section 6 of this policy manual. Applications of Wait List are active for 10 months from submission date.

1.14 **"Full-time employment"** employment with a fixed schedule that works up to 8 hours a day, 40 hours per week, except in the case of prior approved averaging or modified work schedules.

1.15 **"Part-time Employment"** means employment with a fixed schedule who works less than 20 hours per week.

Applicant Declaration and Confirmation

By submitting this application, I confirm that:

- I have read and fully understand the information and questions contained in this application.
- All information provided by me in this application, including any supporting documents, is complete, accurate, and true to the best of my knowledge.
- I understand that providing false, misleading, or incomplete information may result in the denial of my application or other consequences in accordance with program policies.
- I acknowledge that submission of this application does not guarantee approval of funding.
- I understand that my application will be reviewed and that the outcome may result in approval, partial approval, or denial based on eligibility requirements and available funding.
- I agree to comply with all program terms and conditions should my application be approved.

I certify that I am the applicant named on this form and that I am authorized to submit this application.

Applicant Name (PRINT) _____

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY
Date Application Received: _____
Application Complete: ☐ Yes ☐ No
Priority Category: _____
Decision: ☐ Approved ☐ Wait List ☐ Denied
Reviewed by: _____

Notes: