

**POST-SECONDARY STUDENT  
SUPPORT PROGRAM**

**-POLICY MANUAL**

**2005**

**SHOAL LAKE CREE NATION**

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# SLCN POST SECONDARY STUDENT SUPPORT PROGRAM APPLICATION FOR FUNDING

Shoal Lake Cree Nation – PSSSP  
Box 51  
Pakwaw Lake, SK  
S0E 1G0

Phone: (306) 768-3551      Fax: (306) 768-3486      Email: slcn@sasktel.net

## Part A Student Information

New Student: \_\_\_\_\_      Re Enrollment: \_\_\_\_\_      Not Continuing: \_\_\_\_\_

Fall\_20\_\_      Spring\_20\_\_  
Winter\_20\_\_      Summer\_20\_\_

Student ID # \_\_\_\_\_

Name: \_\_\_\_\_      Sex:    M    F  
Surname      Given      Middle

Current Mailing Address (Use for all correspondence – Keep up to date)

\_\_\_\_\_

Street      Place      Province      Postal code

Home/Permanent Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Single\_\_\_    Married\_\_\_    Common-Law\_\_\_    Single Parent\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_      Treaty # \_\_\_\_\_  
                  Y    M    D

Do you usually reside On-Reserve\_\_\_    Off-Reserve\_\_\_    Crown Land\_\_\_

Next of kin: \_\_\_\_\_      Telephone: \_\_\_\_\_

**Part B Family Status**

List your dependents, their ages and if they are residing with you:

Name:	Age:	D.O.B	Does he/she reside with you
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Spouse's information:

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

Band Name: \_\_\_\_\_ Treaty # \_\_\_\_\_

Is spouse presently employed? Yes \_\_\_ No \_\_\_

Is spouse on any type of assistance? Yes \_\_\_ No \_\_\_

If yes, please specify \_\_\_\_\_

(example - school, social assistance, UIC, worker's compensation, etc.)

**Part C Previous Education and Training**

High School:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Gr.12 Diploma: Yes \_\_\_ No \_\_\_

UEP:

Institute: \_\_\_\_\_ Location: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

Level I (community college/technical/private)

Program name: \_\_\_\_\_

Institute: \_\_\_\_\_ Location: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

Level III i) University Professional Programs (ie: MD.,LLB) (Masters)  
ii) Post Graduate Programs (ie: M.E.D.,M.A.,Ph.D.)

i) Program name: \_\_\_\_\_

Institute \_\_\_\_\_ Location \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

ii) Program name: \_\_\_\_\_

Institute \_\_\_\_\_ Location \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

Summary - As of month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

UEP \_\_\_\_\_ Months

Level I \_\_\_\_\_ Months

Level II \_\_\_\_\_ Months

Level III \_\_\_\_\_ Months

**Part D: Documentation attached (Please Check Off)**

\_\_\_\_ Official Grade 12 Transcript (Grade 12 Marks)

\_\_\_\_ ABE 12

\_\_\_\_ GED 12

\_\_\_\_ Transcripts (other institutions)

\_\_\_\_ Status Card (Copy front and back)

\_\_\_\_ Hospitalization Cards (Copies) - self and dependants you are claiming

\_\_\_\_ Acceptance Letter from Institution attending

\_\_\_\_ Class Registration

**Part E: Assistance required/where you plan to attend**

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

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: Please fill in Part E in full. The SLCN/PSSSP requires your start date and end date so we may ascertain the number of years of funding you will be requiring.

**Part F      Student approval release of information consent**

**Privacy Act Statement**

The information you provide on this document is for the purpose of Administration Post-Secondary Student financial assistance. Personal information that you provide is protected under the provisions of the Privacy Act.

I hereby authorize that the above information concerning my academics may be released upon request to the Shoal Lake Cree Nation Post-Secondary Student Support Program. I will submit a Program Overview report signed by an academic/student counsellor at my institution of study until my completion date. I accept responsibility to complete and satisfy the academic requirements at my institution of study. I will manage the education assistance to the best of my ability. I will provide a transcript of marks to the SLCN/PSSSP after each semester of study. I accept responsibility to provide all documentation required by the SLCN/PSSSP. I hereby declare, I will abide by the policy and Guidelines of the Shoal Lake Cree Nation Post-Secondary Student Support Program.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Deadlines Dates to Remember!!!

### I. Funding Application Deadline dates (No applications will be accepted after)

1. June 30<sup>th</sup> for September intake (fall enrollment)
2. November 15<sup>th</sup> for January intake (winter enrollment)
3. February 15<sup>th</sup> for Intersession/Summer Session

### II. Official Registration Deadlines Dates

Official registration for fall required at the end of August before September cheques will be released.

Official registration for winter required at the end of December before January cheques will be released.

Official registration for intercession/summer session required before May cheque will be released.

### III. Transcripts of Marks Deadline Dates

1. January 29<sup>th</sup> for September to December semester
  - February cheques will not be released until transcripts of marks are received.
2. May 30<sup>th</sup> for January to April semester
  - September cheques will not be released until transcripts of marks are received.
3. September 30<sup>th</sup> for Intercessions/Summer session.

Appendix E

STUDENTS CONTRACT

I under the following conditions apply to my sponsorship by the Shoal Lake Cree Nation for Post Secondary Studies:

1. I have read and accept the Shoal Lake Cree Nation Post Secondary Handbook.
2. I will accept the responsibility to adhere to the school regulations and meet the standard required by the school for continuation in my course of studies.
3. I agree to attend classes regularly
4. I agree to consult with the counsellor of my program if any problems arise academically, emotionally, physically and financially.
5. I agree to provide my marks and reports on a semester-by-semester basis to the Post Secondary Program of Shoal Lake Cree Nation
6. I agree to report any changes to my student and/or program status promptly. I understand that it is a serious matter to provide false information and/or fail to report any changes in the information provided
7. I authorized the post secondary program to obtain information form persons agencies or organization to determine an /o verify my eligibility for benefits or services under the post secondary program
8. I declare that all the information provided in true and complete and I make this solemn declaration believing it to be true and knowingly that it is of the some force and effect as if made under oath.
9. I understand that I have a right to appeal any decision made with respect to my application for sponsorship in accordance with Post Secondary Student Support Program policies.

I HEREBY AGREE TO THE TERMS AND CONDITIONS FOR FINANCIAL ASSISTANCE THAT I HAVE READ ABOVE.

Student Signature

Date

Student Number

Program and Institution Name

Student Name (Print)

Treaty Number

Year of Study: 20\_\_ to 20\_\_

Appendix F

Statement of Spousal Eligibility

I \_\_\_\_\_ (Name of Spouse) that I am a fully-dependant spouse of \_\_\_\_\_ (name of student)

\_\_\_\_\_ I am not receiving income from any other source

\_\_\_\_\_ I am not working full time

Social Insurance Number \_\_\_\_\_

Treaty Number \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_



## Appendix D

### LIVING ALLOWANCE RATES FOR 2005-2006

#### Category

Married students living with employed spouse	1000
Married students living with employed spouse and 1 dependant	1000
Married students living with employed spouse and 2 dependants	1000
Married students living with employed spouse and 3 dependants	1000
Married students living with employed spouse and 4 dependants	1000
Married students living with employed spouse and 5 dependants	1000
Married students living with employed spouse and 6 dependants	1000
Married students living with unemployed spouse	1100
Married students living with unemployed spouse and 1 dependant	1200
Married students living with unemployed spouse and 2 dependants	1300
Married students living with unemployed spouse and 3 dependants	1400
Married students living with unemployed spouse and 4 dependants or more	1500
Single student-no dependants	1000
Single student with dependant spouse and 1 dependant	1100
Single student with dependant spouse and 2 dependants	1200
Single student with dependant spouse and 3 dependants	1300
Single student with dependant spouse and 4 dependants	1400