



COTE FIRST NATION #366

P.O. BOX 1659
KAMSACK SK S0A 1S0
TELEPHONE (306) 542-2694
FAX (306) 542-3735

Post Secondary Educational Assistance Continuing Application

Protected When Completed
Please Print Clearly

Date of Application: _____ Student Months Used: _____
Full-Time: _____ Part-Time: _____ Academic Year: 20_____
Spring: _____ Summer: _____ Fall: _____ Winter: _____
Institution: _____
Address: _____

Personal Information

Name: _____ Former Name: _____
Study Address: _____ Permanent Address: _____

Telephone: _____ Telephone: _____
E-mail Address: _____
Treaty Number: _____
Date of Birth: _____
Name of Spouse (Married or Common Law): _____
Does Your Spouse Receive Any Type of Income?
(Example, Employment, EI, Social Assistance, Disability, etc.) Yes No

Single Single Parent Married Dependent Spouse

Number of Dependant Children: _____

Name: _____ Date of Birth: _____

Next of Kin:

Telephone: _____

Previous Education and Training:

Please provide information regarding your secondary schooling as well as any post secondary training/education you may have had.

	School Name	Location	Year Completed	Program Completed	Certificate/Degree
Secondary					
Post Secondary					

Present Education

Name/Address of Post Secondary Institution You Wish to Attend:

Course/Program:

Current Year: Prep 1 2 3 4 Grad

Funding Period Start Date: _____ End Date: _____

CONTRACT BETWEEN COTE FIRST NATION POST SECONDARY PROGRAM AND THE STUDENT

I UNDERSTAND THE FOLLOWING CONDITIONS FOR SPONSORSHIP BY THE COTE FIRST NATION POST SECONDARY PROGRAM FOR POST SECONDARY STUDIES:

1. I will accept the responsibilities to adhere to the school regulations and meet the standards required by the school for continuation in my course of studies.
2. I agree to attend classes regularly.
3. I agree to consult the counselor if any problems arise academically, emotionally, physically, and financially.
4. I agree to provide my marks and reports on a semester by semester basis to the Cote First Nation Post Secondary Program and/or upon the Cote First Nation Post Secondary Program's request.
5. I agree to report any changes to my student and/or program status promptly. I understand that this is a serious matter to provide false information and/or fail to report any changes in information provided.
6. I authorize the Cote First Nation Post Secondary Program to obtain information from persons, agencies, or organizations to determine and/or verify my eligibility for benefits or services under the Post Secondary Student Assistance Program.
7. I declare that all of the information provided is true and complete and I make the solemn declaration believing it to be true and known that it is of the same force effect as if made under oath.
8. I understand that I have the right to appeal any decision made with respect to my application for sponsorship.

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

STUDENT SIGNATURE	DATE
-------------------	------

I HEREBY AGREE AS A SPONSOR TO PROVIDE MORAL SUPPORT AND ENCOURAGEMENT THAT MAY BE NEEDED BY THIS STUDENT TO COMPLETE HIS/HER STUDIES

SPONSOR SIGNATURE	DATE
-------------------	------
