



COTE FIRST NATION
POST-SECONDARY EDUCATION PROGRAM

P.O BOX 1659
KAMSACK, SASK. S0A-1S0
PH (306) 542-2694
FAX (306) 542-3735

EMAIL: COTEPOSTSECONDARY@HOTMAIL.CA



Protected When Completed

Funding Deadlines

Fall: June.30th

Winter: October.30th Depending on availability of funds

Spring/ Summer: March.15th * **Only for continuing students**

Please Print Clearly

Date of Application: _____ Student Months Used: _____

Full-Time: _____ Part Time: _____ Academic Year: 20____

Spring: _____ Summer: _____ Fall: _____ Winter: _____

Personal Information

Name: _____

First

Last

Former Name _____

Date of Birth : _____

Male: _____ Female: _____

Year / month / date

Study Address:

Permanent Address:

Telephone: _____

Telephone: _____

E-mail Address: _____

Status Number: _____

Number of Dependent Children: _____

Name:

Date of Birth:

Next of Kin:

Name :

Telephone: _____ (place where we may leave a msg for contact of student)

Previous Education

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

Documents Required for the Application to be considered for Funding Approval

1. Completed Cote First Nation Application Form
2. Student signed Institution Release of Authorization form
3. Signed Cote First Nation Student Contract
4. Student must write a detailed Education Plan
5. Status Card
6. Dependent Child verification (Revenue Canada / School Registration / Confirmation
7. Institute Acceptance Letter as well as when student transfers to another Institute
8. Program Information where the student has enrolled
9. Tracking Sheet of classes ,to include a list of course / classes that the student will need to complete a Certificate / Diploma / Degree / Maters / PHD Students may retrieve online or with the assistance of an Academic Advisor/ counsellor
10. Recent Mark transcripts secondary School and or College / University
- 11. Upon approval of funding a registration outlining all the classes will be required**

****INCOMPLETE APPLICATIONS WILL CAUSE DELAYS IN THE FUNDING PROCESS.***

Institute and Program Information Required in order to be considered for funding

- 1. Name of Institution _____
- 2. Polytech _____ Community College _____ University _____
- 3. Location of Institute _____

Please select one :

- 4. University Entrance Preparation ___ / College Entrance Preparation _____ / Access _____
Transition Program _____ / Pre Requisite Program _____
- 5. Certificate ___ Diploma ___ Degree ___ Masters ___ PH.D ___ Post PH.D _____
- 6. Program of Study _____ Full time ___ / Part _____
- 7. Select # of Practicums or Internships this year 1 / 2 / 3 / 4 / length : months ___ / weeks ___

Select Method of Delivery :

- 8. **Classroom** ___ / **Distance Ed** ___ / **Blended Ed and Clsrm** ___ / **Virtual Internet** ___
- 9. Length of program : Weeks _____ Months _____ / Years _____
- 10. Start date of program _____
Year Month Date

- 11. Graduation date of program _____
Year Month Date

New and Returning Students please state your academic standing at this time of the application

University/ College Entrance Prep / Access ___ 1 yr

College / Polytech : Cert ___ 1 yr (___ 2nd) / Diploma ___ 1st yr ___ 2nd (___ 3rd)

University : 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 _____

Masters ___ PH.D _____ Post PH.D _____ yr 1 2 3 4 5

12. Tuition cost per year \$ _____

13. Book cost per year \$ _____

(Please submit the **required Book List** for the program **prior** so that we may better assist you with the required books **upon approval of funding**)

14 . Materials and Supplies \$ _____

(Please submit the **required Materials and Supplies List** for the program **prior** so that we may better assist you with the required Materials and Supplies upon **approval of funding**)

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 THE 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.

HOW TO JOIN THE BANK DEPOSIT SYSTEM

1. Complete and sign the enrolment/ authorization below.
2. Attach your personal blank cheque(marked void), or a fully encoded deposit slip. Please make sure that you have your banking identification number on your deposit slip
3. Mail the enrolment/ authorization and your VOID cheque or your encoded deposit slip to Cote First Nation Post Secondary.

Name: _____

Bank Institution:

Bank Address: _____

Bank Identification Number: _____ Transit Number: _____

Account Number: _____

I hereby authorize Cote First Nation Post-Secondary Education to deposit directly to my account as noted on this form beginning immediately. This authorization will be in force until notice is given to stop the direct deposit

STUDENT SIGNATURE

DATE

Cote First Nation Student Release Authorization

Students are required to sign a Release of Authorization form in order for the Application for Funding to be processed and approved. Failure to sign may delay or disqualify the application

I hereby authorize the Cote First Nation Post Secondary Coordinator to have release / access to my Academics as I am Sponsored student : eg
Registration of classes / courses , Student Program profile , Progress Report , Mark transcripts

Name of Student : (please print) _____

Signature of Student _____

Institution attended : _____

Term / Semester : Spring Summer Fall Winter

Name of Program or Course _____

Date : _____ Student # _____