

Post- Secondary Student Support Program Funding Application Form



APPLICATION DEADLINES

START DATE	TERM	DEADLINE TO APPLY
September	FALL	* June 15*
		↑NEW DATE↑
January	WINTER	November 15
May	SPRING	March 15
July	SUMMER	May 15

NAME: _____

(Please Print)

Nipisihkopahk Education Authority

Box 658

Maskwacis, Alberta

TOC 1N0

Tel: 780-585-2211/780-585-2232

Toll Free: 1-800-843-7359

Fax: 780-585-3857

Website: www.scnea.com/Post-Secondary

Emails: trevorswampy@scnea.com

allysondennehy@scnea.com

Updated May 2017



NIPISIHKOPAIK EDUCATION AUTHORITY

Post-Secondary Student Support Program Application

SECTION 1: PERSONAL INFORMATION (all portions must be completed)

Birth date (Year/Month/Day/)		Band Number: 4440	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name		First name

SECTION 2: RESIDENCE AND CONTACT INFORMATION

Unit #	Address:	City:
Province:	Postal Code:	
Main Contact Number:	Other Contact Number:	
Email address (our main way on contacting you; please write legibly-case sensitive)		

SECTION 3: MARITAL STATUS AND DEPENDANTS

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law

Spouse/Partner Information 1

Last Name	First Name	Is your spouse working?
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Dependent Information 2

Number of Dependents (not spouse) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4 +
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1 Must submit a photocopy of your partner/spouse health care card. (If you have done so as part of an earlier application, you do not need to re-submit them.)

2 Must submit a photocopy of an Alberta Health Care card, and /or Guardianship Papers for each dependent under the age of 18 living with you. (If you have done so as part of an earlier application, you do not need to re-submit them.)

SECTION 4: CURRENT EMPLOYMENT

<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> seasonal <input type="checkbox"/> not working	While in school I will work; <input type="checkbox"/> yes <input type="checkbox"/> no
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Please ensure all sections on this page are completed

SECTION 4: EDUCATIONAL INFORMATION

Term applying for <input type="checkbox"/> fall <input type="checkbox"/> winter <input type="checkbox"/> spring <input type="checkbox"/> summer		Academic Year
School Name:	Program type <input type="checkbox"/> UCEP <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> After degree Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D.	Delivery method <input type="checkbox"/> in class <input type="checkbox"/> distance <input type="checkbox"/> online <input type="checkbox"/> blended

Program of study:	When do you start your program? (YY/MM)	Your year in the program: <input type="checkbox"/> first <input type="checkbox"/> second <input type="checkbox"/> third <input type="checkbox"/> fourth
	When will your program be done? (YY/MM)	
Target graduation Date: (YY/MM)		
Length of program of studies in months		

Your program status with your school <input type="checkbox"/> Applied <input type="checkbox"/> Conditionally accepted <input type="checkbox"/> Accepted	Attending <input type="checkbox"/> Full- time <input type="checkbox"/> Part- time	Student ID number :
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Please ensure all sections on this page are completed

SUPPORTING DOCUMENTS. Submit ALL of the following with your application (If not previously submitted)

- Most recent transcripts. Provide by the following dates: Fall-June 15; Winter-January 15.
If attending Spring-May 15; Summer-July 15.
- Photocopies of health care cards for your spouse and dependents.
- Letter of acceptance or conditional acceptance from the recognized post-secondary institution you are planning to attend.
- UCEP Applicants only.** Must provide letter from institution that the student will be academically prepared to be enrolled in a regular university or college credit program by the end of the one academic year.
- Course list you are registered in.
- Tuition fee assessment.
- School's consent to release of personal information form. Usually available at the school's Registrar's office. Only for Fall (September) application. Provide annually.
- Signed the attached: Student declaration and sponsorship contract.
- Second sponsor. You must secure a second sponsor if your tuition is above the maximum of \$6,000.00 CDN for bachelor's degrees and \$7,000.00 CDN for masters and doctoral degrees. If you are over this balance and covering the balance personally, provide a signed letter stating so. Only for the Fall (September) application. Provide annually.
- Provide an updated direct deposit form.
- Five dollar (\$5.00) application fee, which is non-refundable and non-transferable. Only for Fall (September) application. Provide annually.

Please submit a letter from your school, or a copy or printout of your student account for tuition fee assessment and class schedule. If you do not have this information when applying, please attach a note indicating when you will forward the missing information to the post-secondary department.

Section 5: Career Declaration Report

1. **For Diploma applicants only.** After completing your Program of Studies, will you be continuing onto the degree? If so, please state when.
2. **For Degree applicants only.** After completing your Program of Studies will you be continuing onto the Masters? If so, please state when.
3. Is your education plan still the same as you outlined in your previous application?

SECTION 6: STUDENT DECLARATION AND SPONSORSHIP CONTRACT

I do hereby agree to notify the NEA Office in the event:

- that I withdraw from the educational institution I am currently attending;
- that I fail to attend classes for more than five (5) consecutive days.

(1) I have read and understand the NEA Post-Secondary Student Support Program (PSSSP) policy (available at snea.com-> documents-> NEA Post-Secondary Policy Manual 1997) and agree to follow the procedures contained therein. **(2)** I further understand that in the event I receive any funds from the NEA Post-Secondary Student Support Program (PSSSP) for which I am not entitled to, I agree to reimburse said funds in full. **(3)** I hereby certify that all information in this application is true. **(4)** I trust that this is an irrevocable consent which the NEA Post-Secondary Student Support Program (PSSSP) may present from time to time. **(5)** This consent may not be withdrawn from me for so long as I am receiving sponsorship from the NEA Post-Secondary Student Support Program (PSSSP). **(6)** I acknowledge that if my application package does not include all the required documents my application will be deemed ineligible.

Student's Signature

Date

Please ensure all sections on this page are completed

HOW TO QUALIFY?

Be a recognized Samson Cree Nation member on the membership list controlled by the Samson Cree Nation.
Be accepted for enrolment at a recognized post-secondary educational institute for a program of studies

HOW APPLICANTS ARE SELECTED?

Please refer to the Priority system in our policy located at www.scnea.com/post-secondary or refer to the Priority system page on our website.

WHEN DO I APPLY?

Students must apply for the fall semester by **June 15** and the winter semester by **November 15**. If students need to take spring classes they must apply by **March 15** & summer classes they must re-apply by **May 15**.

LEVELS OF SUPPORT

The post-secondary student support program assists Samson Cree Nation members with tuition, living allowance, and books. This is **NOT** the application for incentives.

Please refer to our policy or website to see what funding and support you may receive. Levels of support are determined by applicants' residency, dependents, and course load.

ABOUT YOUR APPLICATION

PSSSP takes 4-7 weeks to process. All sections of the application form **MUST** be completed before it can be reviewed. All documents (except one's previously submitted) must be submitted before acceptance into the program.

The personal information collected on this form will be used to review your eligibility for the Post-Secondary Student Support Program.

If you have questions about the *post-secondary* program or this application form, you can call (780) 585-2211, or email Allyson at allysondennehy@scnea.com or Trevor trevorswampy@scnea.com or visit us at www.scnea.com/Post-Secondary.com

THINGS YOU SHOULD KNOW

HEALTH CARE COVERAGE

Students enrolled in this program are covered by Non-insured Health Benefits (NIHB). If students do not need additional health care coverage we kindly ask that you opt out.

STAYING IN TOUCH

If your personal information (address, bank account direct deposit information, phone number or e-mail, etc.) changes, you must contact the *post-secondary* program IMMEDIATELY! Failure to notify the program of changes may affect your funding.

I'VE SUBMITTED MY APPLICATION. NOW WHAT?

Completing your application is the first step of the process for receiving funding. Once your application has been reviewed for completeness and it has been determined that you are eligible to receive funding (this may take as long as 4-7 weeks), you will be notified through email whether or not you have been accepted. *PSSSP requires a complete application before approval into the program.*

Once accepted into PSSSP, the department will send a sponsorship letter to the students university *registrar office* and *bookstore* indicating the confirmation of sponsorship and outlining the details of what NEA will cover.

Complete applications can be faxed to (780) 585-3857

or mailed to

Nipisihkopahk Education Authority
Attn: Trevor Swampy or Allyson Dennehy
Box 658
Maskwacis, AB
T0C 1N0

Or emailed to Allyson at allysondennehy@scnea.com or Trevor at trevorswampy@scnea.com