

# Post-Secondary Student Support Program Funding Application Form



## APPLICATION DEADLINES

START DATE	TERM	DEADLINE TO APPLY
September Start Date	FALL	June 15 <sup>th</sup>
January Start Date	WINTER	November 15 <sup>th</sup>
May Start Date	SPRING	March 31 <sup>st</sup>
July Start Date	SUMMER	March 31 <sup>st</sup>



**Nipisihkopahk Education Authority**

**Box 658**

**HOBHEMA, Alberta**

**T0C 1N0**

**Tel: (780) 585-2211 or (780) 585-2232**

**Toll Free: 1-800-843-7359**

**Fax: (780) 585-3857**

**You must provide the following information with your application:**

- \_\_\_\_\_ Most recent transcripts. Please provide marks (transcripts) for the last year you attended.
- \_\_\_\_\_ Photocopies of Health Care Cards for you, your spouse and dependents.
- \_\_\_\_\_ Letter of Acceptance or Conditional Acceptance from the recognized post-secondary institution.
- \_\_\_\_\_ Course Outline (showing courses your are taking each semester).
- \_\_\_\_\_ Tuition Fee Assessment (shows how much it will cost to send you to school for the year).
- \_\_\_\_\_ You have signed the attached Release of Information form.
- \_\_\_\_\_ School's Release of Information form (inquire with the school – some schools have this form and some do not).
- \_\_\_\_\_ Second Sponsor. You must secure a second sponsor if your tuition is over and above \$6,000 Canadian fund ceiling. If you are covering the balance personally, you must provide a signed letter stating so.
- \_\_\_\_\_ Five Dollar (\$5.00) Application fee, which is non-refundable and non-transferable.

**To qualify for post-secondary funding you must:**

- 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.

**If approved for funding, the NEA Post-Secondary Student Support Program provides the following:**

- **PAID TUITION FEES:** tuition fees will be paid directly to the post-secondary institution (\$6,000.00 Canadian maximum amount/academic year). The amount paid will be based on the tuition invoice provided by the post-secondary institution.
- **REGISTRATION/APPLICATION FEES:** upon approval for funding by the NEA Post-Secondary Student Support Program, the cost of one application or registration fee will be reimbursed to applicant with proper receipt submitted.
- **BOOKS/SUPPLIES:** book funds are provided at beginning of each term/semester at \$100/half course. Receipts and accounting for books and supplies must be maintained. Only officially listed books and supplies qualify. Does not include the following: clothing, athletic gear, uniforms,

and equipment such as computers, software, calculators, tape recorders, etc.

- **LIVING ALLOWANCE:** For FULL-TIME STUDENTS a monthly living allowance rate, in accordance with the NEA Post-Secondary Student Support Program Policy Manual. PART-TIME STUDENTS do not qualify for monthly living allowance, only tuition and books.

**In order to encourage students to complete their programs in a timely manner, students will be funded in accordance to funding levels indicated in the NEA Post-Secondary Student Support Program Policy Manual. Please refer to the manual to find the level you will be funded at. It is the student's responsibility (as per release of information form) to be familiar with the manual regarding all noted information above so be a responsible student and know the NEA Post-Secondary Student Support Policy Manual.**

**NEA POST-SECONDARY STUDENT SUPPORT PROGRAM APPLICATION**

Are you a new student? Yes   
No

Are you re-applying? Yes   
No

**APPLYING FOR:** Academic Year \_\_\_\_\_

\_\_\_\_\_ FALL (September Start) \_\_\_\_\_ WINTER (January Start)  
\_\_\_\_\_ SPRING (May & June) \_\_\_\_\_ SUMMER (July & August)

**STUDENT INFORMATION:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Band No \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Telephone \_\_\_\_\_ Other Contact \_\_\_\_\_  
Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Common Law  
Spouse's Name \_\_\_\_\_  
Is spouse working? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Number of dependents 1 2 3 4 4+ (please circle)

**PROGRAM INFORMATION:**

Name of Program/Course \_\_\_\_\_  
Name of School \_\_\_\_\_  
Location / Address \_\_\_\_\_  
First Day of School \_\_\_\_\_  
Last Day of School \_\_\_\_\_  
How Long is Your Program \_\_\_\_\_  
What Year Are You In \_\_\_\_\_  
Targeted Graduation Date \_\_\_\_\_

**I HAVE COMPLETED:**

\_\_\_\_\_ High School  
\_\_\_\_\_ Adult Upgrading - What grade did you go to? \_\_\_\_\_  
\_\_\_\_\_ Community College  
\_\_\_\_\_ University  
\_\_\_\_\_ Technical Institution  
\_\_\_\_\_ Other, please specify:

**BANKING INFORMATION:**

Please note that personal pick up of cheques will be discontinued. The NEA Post-Secondary Student Support Program will implement direct deposit of living allowance effective September 2010.

Your living allowance will automatically be deposited to your bank account each month.

Please provide the following banking information:

Bank / Trust Name \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Branch Number \_\_\_\_\_  
 Transit Number \_\_\_\_\_  
 \_\_\_\_\_ Void Cheque is attached.

Pay Stub Preference:

\_\_\_\_\_ Paper Stub  
 \_\_\_\_\_ Email Stub: Email: \_\_\_\_\_@\_\_\_\_\_.

If for any reason we are not able to deposit your living allowance to your account due to incorrect information, missing information, branch / transit information missing, etc., you must provide correct information for deposit on the next business day.

**I \_\_\_\_\_ do hereby certify that the above information is accurate and correct. I will notify the Nipisihkopahk Education Authority Post Secondary Coordinator in the event that my banking information or plans change for attendance for the academic year/semester(s) applied for.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization for Release of Information & Student Declaration /  
Student Sponsorship Contract**

I, \_\_\_\_\_, **HAVE READ** and do hereby authorize:

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(insert name of school / institution)

to release to the NEA Post-Secondary Student Support Program whatever information they may require concerning me. The information to which the NEA Post Secondary Student Support Program is authorized to obtain includes, but is not limited to the following:

- Official transcripts of grades.
- Details as to my course of study including specific courses taken and class schedule.
- Copies of any notices, advice or direction regarding my ongoing status as a student including attendance reports.
- Information in respect to per capita or special payments to minor children or myself from the Samson Cree Nation.
- Information in respect to special assistance payments (if any) to minor children or myself from the Samson Cree Nation Administration or government agency.
- Any information deemed pertinent to my application to the NEA Post-Secondary Student Support Program.

**I do hereby agree to notify 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.

I have read and understand the NEA Post-Secondary Student Support Program Policy and agree to follow the procedures contained therein. I further understand that in the event I receive any funds from the NEA Post-Secondary Student Support Program for which I am not entitled to, I agree to reimburse in full said funds and hereby certify that all information in this application is true. I trust that this is an irrevocable consent which the NEA Post-Secondary Student Support Program may present from time to time. This consent may not be withdrawn from me for so long as I am receiving sponsorship from the NEA Post-Secondary Student Support Program.

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Student's Signature

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Date