

## Samson Education Trust Fund

### Adult Upgrading & Adult High School Application for Incentive Program



#### APPLICATION DEADLINES

<b>START DATE</b>	<b>TERM</b>	<b>DEADLINE TO APPLY</b>
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>

**Samson Education Trust Fund**

**Box 658**

**HOBBERMA, 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.
- \_\_\_\_\_ Letter of Acceptance or Conditional Acceptance from the recognized educational institution.
- \_\_\_\_\_ Course Outline (showing courses your are taking each semester).
- \_\_\_\_\_ You have signed the attached Release of Information form.
- \_\_\_\_\_ Letter stating tuition and books will / are being paid for. **SETF does not pay for tuition and books.**
- \_\_\_\_\_ Five Dollar (\$5.00) Application fee, which is non-refundable and non-transferable.

**SETF ADULT UPGRADING & HIGH SCHOOL APPLICATION FOR INCENTIVE PROGRAM**

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 \_\_\_\_\_

Have you received SETF Incentives Before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, in what year: \_\_\_\_\_

Did you complete your last year of your program? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PROGRAM INFORMATION:**

Name of Program \_\_\_\_\_  
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 \_\_\_\_\_

Please circle the number of courses you are registered in:

Term 1: 1 2 3 4 5 5+ (please circle)

Term 2: 1 2 3 4 5 5+ (please circle)

**BANKING INFORMATION:**

Please note that personal pick up of cheques will be discontinued. The Samson Education Trust Fund will implement direct deposit of monthly incentives effective September 2010. Your incentive 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 incentive 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 Samson Education Trust Fund Coordinator in the event that my plans change for attendance for the academic year/semester(s) applied for.**

\_\_\_\_\_  
Signature Date

<b>For Office Use Only</b>	
Application Approved:	_____ Yes _____ No
If No, reason why:	_____ _____
Additional Notes:	_____ _____
_____	_____
SETF Coordinator's Signature	Date

Samson Education Trust Fund  
Adult Upgrading & Adult High School  
**Authorization for Release of Information**

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

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(insert name of school / institution)

to release to the Samson Education Trust Fund Incentive Program whatever information they may require concerning me. The information to which the Samson Education Trust Fund Incentive 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 Samson Education Trust Fund Incentive Program.

**I do hereby agree to notify SETF 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 trust that this is an irrevocable consent, which the Samson Education Trust fund may present from time to time. This consent may not be withdrawn from me for so long as I am receiving sponsorship from the Samson Education Trust Fund. I have read and understand the Samson Education Trust Fund Policy and agree to follow the procedures contained therein. I further understand that in the event I receive any funds from the Samson Education Trust Fund 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.

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Student's Signature

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Date