

**PINE CREEK FIRST NATION
 POST-SECONDARY STUDENT SERVICES
 P.O. Box 32 Camperville, Manitoba R0L 0J0
 Telephone: (204) 524-2103 Fax: (204) 524-2852
 Toll free: 1-855-887-3581
 Email: plavallee.postsecondary@live.ca**

POST-SECONDARY STUDENT APPLICATION

Answer all questions fully. Incomplete applications will not be considered. Complete applications must include transcripts and a copy of your treaty status card (both sides). All information on this form is confidential and is to be used only in assessing applicant eligibility. Completed applications may be returned in person, by mail, email, or via fax. Contact Pine Creek First Nation, Post-Secondary Student Services if you require further information.

Date: _____

Are you applying for?

New Sponsorship

Continuing Sponsorship

Full Sponsorship

Tuition and Books Only

Full Name:	Social Insurance Number:
Date of Birth (Month/Day/Year):	Treaty Status Number:
Present Address:	Phone Number:
Postal Code	Email Address:

Marital Status:

Single

Single Parent

Married

Common-Law

Spouse's Name:	Treat Status Number:
Date of Birth (Month/Day/Year):	Band Name:
For the period I am applying for sponsorship, my spouse: ("v" check one)	
WILL LIVE WITH ME: <input type="radio"/> Yes <input type="radio"/> No WILL BE A STUDENT: <input type="radio"/> Yes <input type="radio"/> No WILL BE EMPLOYED: <input type="radio"/> Yes <input type="radio"/> No	
If "YES", state spouse's funding source:	

Dependent Name	Birth Date	Lives With Me: ("v" check one)			
		YES		NO	
		YES		NO	
		YES		NO	
		YES		NO	
		YES		NO	
		YES		NO	

I hereby make application for sponsorship to attend:

(Please indicate name of institution): _____

City/Town/Province: _____

PLEASE INDICATE CHOICE OF FIELD OF STUDY: _____

HOW MANY YEARS OF STUDY ARE REQUIRED IN YOUR CHOSEN PROGRAM? _____

From: _____ to _____

Expected Date of Graduation: _____

Costs Associated With Post-Secondary Studies:

Anticipated costs can be explored through the Institution website. Please note: should you be selected for sponsorship, the Pine Creek First Nation will provide direct payment to the Institution.

Tuition Fees: (Please consider a 3% increase per year)

Year 1: _____

Year 2: _____

Year 3: _____

Year 4: _____

Year 5: _____

Total Tuition Costs: _____

Books: (Please consider a 3% increase per year)

Year1: _____

Year 2: _____

Year 3: _____

Year 4: _____

Year 5: _____

Total Book Costs: _____

Living Expenses:

Fully sponsored students receive a monthly student allowance to assist with the cost of living (i.e. single student with no dependents receives \$1000.00 a month). Please indicate anticipated living costs associated with your years of academic study.

Estimates	Rent	Hydro	Phone	Water	Groceries	Clothing	Transit/Gas
Year 1							
Year 2							
Year 3							
Year 4							
Year 5							
Total (\$)							

How will you compensate for the remaining amount necessary for living costs associated with your years of academic study?

Work Part-Time

Canada Student Loan

Bursary/Scholarships

Parental Support

Other (please indicate) _____

Have you ever withdrawn, been suspended, or placed on probation from any university, college or post-secondary institution? (Check (v) One): Yes No

If yes, please explain:

Please note: Failure to disclose your previous or current academic status may result in the withdrawal of your application. Please enclose with your application, a statement or transcript of your marks for all post-secondary institutions you attended.

EMPLOYMENT:

Are you currently: (check (v) all that applies):

- Employed full-time (30 hr/wk or more) Casual Seasonally Employed
 Employed part-time a Student a Volunteer
 Social Assistance Unemployed

INCOME LEVEL:

- \$0 - \$5,000 \$5,001 - \$10,000 \$10,001- \$15,000
 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 PLUS

FINANCIAL INFORMATION:

Financial information should be based on yearly combined family income as applicable. (that is the income, assets, expenses and debts of you and your partner). If you are single, under 18 years of age and childless, please have your parents complete the bottom of this page.

Please include a copy of the current year's Income Summary as provided to you by Revenue Canada.

	Applicant	Spouse
Earnings (before deductions)	\$	\$
Employment Insurance Benefits (gross)	\$	\$
Scholarships	\$	\$
Bursaries or other awards	\$	\$
CRISP, SAFER, WORKERS COMP, Orphans Benefits, Disability Benefits, etc)	\$	\$
Child Support, Spousal Support, Settlements (ie. Divorce, MPI, CEP, etc.)	\$	\$
Social Assistance (Provincial, Municipal, Band)	\$	\$

PARENTS OF DEPENDENT APPLICANTS (under the age of 23) – complete this section.

Marital Status: Single Married Common-Law Separated/Divorced

Parent (1)

Parent (2)

Total Income (Line 150 of Income Tax Return)	\$	\$
Net Income before Deductions (Line 236)	\$	\$
CPP (Line 308)	\$	\$
Employment Insurance (Line 312)	\$	\$
Tax Payable (Line 435)	\$	\$
Net Private Ltd. Companies (Self-Employed) in any	\$	\$

Please begin with your present job. Attach a resume or use an additional sheet of paper if necessary.

Employer	Position	Dates	Reason for Leaving

DECLARATION:

I hereby undertake the following as condition for post-secondary sponsorship by the Pine Creek First Nation:

- To attend all scheduled classes, tutoring sessions and learning assistance programs.
- To consult with the PCFN Post-Secondary Advisor if any problems arise academically, emotionally, physically or financially.
- To adhere to school regulations and meet the academic requirements for continuation of my course of studies.
- To provide my transcript of marks and reports to Pine Creek First Nation, Post-Secondary Student Services.
- To adhere to sponsorship rules and regulations stated in the Pine Creek First Nation Post-Secondary Student Handbook.
- To notify the PCFN Post-Secondary Advisor of any change in residence, dependents, marital status, etc.

I declare that the information provided by me on the application form is complete and accurate and is given in order to substantiate my application for educational assistance. I hereby agree to advise the Pine Creek First Nation Post-Secondary Student Services Department of any change in dependency, income from either work or social assistance for me or my spouse as these items may affect Educational Assistance rates. I hereby authorize the release of information from First Nations Social Services Agencies, or Provincial Assistance. I also give permission for the Pine Creek First Nation Post-Secondary Student Services Department to verify or confirm with any source, the correctness and accuracy of the information contained in this application. Further, I do hereby give my consent to the Pine Creek First Nation Post-Secondary Student Services Department to disclose any information regarding my student sponsorship to the appropriate authorities within the local First Nation (i.e. Pine Creek First Nation Education Advisory Committee, Income and Social Assistance Workers, Employment and Training Department Directors).

(Applicant Signature)

(Date)

**STUDENT AUTHORIZATION
FOR
RELEASE OF TRANSCRIPT**

Student Name: _____

Student Number: _____ Student Birth Date: _____

Institution Name: _____

Institution Fax Number: _____

I give permission to release a copy of my transcript for courses previously taken. Please send a copy to:

Pine Creek First Nation Post-Secondary Student Services

P.O. Box 32
Camperville, Manitoba
R0L 0J0

Student Signature: _____ Date: _____

Institutions may invoice Pine Creek First Nation Post-Secondary Student Services for cost related to forwarding the transcript of marks.

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STUDENT AUTHORIZATION

FOR

RELEASE OF INFORMATION

Student Name: _____

Student Number: _____ Student Birth Date: _____

Institution Name: _____

Institution Fax Number: _____

I Authorize: (name of institute)

to release information to:

Pine Creek First Nation Post-Secondary Student Services

Student Signature: _____ Date: _____

This release form will end at the end of my 2016-2017 academic year.