



Big River First Nation

Box 519

Debden, Saskatchewan

S0J-0S0

Ph: (306) 724-1000

Fax: (306) 724-1002

APPLICATION FOR POST SECONDARY EDUCATIONAL ASSISTANCE

Privacy Statement

The information you provide on this document is for the purpose of administering post secondary financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT.

Personal Information

Name: _____

Treaty#: _____ D.O.B. _____

SIN#: _____/_____/_____

Current Address

Apt. # / Street / or Box #

Town/City Prov. Postal Code

Telephone (_____) _____ (_____) _____

Email: _____

In case of an Emergency

Next of Kin: _____

Address: _____

Telephone: (_____) _____ (_____) _____

Current Institution and Program

Full Time: _____

Part Time: _____

Institution/Location	Program of study
Length of Program	Months/Years
Start Date	Completion Date
Tuition Cost	Book Cost

Include acceptance Letter and High school or other transcripts

Educational Goals

Write a statement of your educational goals and why you should be considered for Post-secondary education funding:

Education History

	Institution	Certificate/ Diploma	Year Completed	Funded By
Adult Upgrading				
Regular High School				
Post Secondary				
Post Secondary				
Post Secondary				

Were you ever required to Discontinue? Yes No

Name of Program: _____ Indicate year: _____

State reason for being required to discontinue:

Were you ever suspended from a program? Yes No

Name of program: _____ Indicate year: _____

State reason for suspension:

Did you ever withdraw from a program? Yes No

Name of program: _____ Indicate year: _____

Family Information

Your family status: SINGLE MARRIED COMMON-LAW

Spouse's name (if applicable): _____

Is spouse a student? _____ Is spouse employed? _____

Dependants:	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Please include a copy of CCTB indicating child(ren) under your care

Form 2 Student Responsibility Contract

Modified 03

All Big River First Nation Post Secondary students have a responsibility to:

- ensure all necessary documentation accompanies the application form for the post-secondary institution
- make application to the Big River First Nation Post Secondary Department by the deadline date as prescribed in policy
- Notify the Post Secondary Department of any changes in academic status such as withdrawals, and course changes. Misrepresentation of academic or personal status will result in termination of funding
- Demonstrate their highest commitment to achievement in their studies and to conduct themselves to that no dishonor befalls themselves or the Big River First nation.
- Express any concerns that they may have to the Post Secondary Department.
- Provide their midterms and final marks to the Post Secondary Department at the end of each term. Failure to do so will result in disqualification of funding.

I have received a copy of the Post Secondary Policy Manual

Student Signature

Date

Form 3

Direct Deposit information

Name of Bank institution

Address:

Street/Box#

City

Prov.

Postal code

Transit:

Institution#:

Account#:

Type of account (i.e. savings/chequing):

please ensure that all the information you have provided is accurate for a savings account and provide a void cheque for chequing accounts to be kept on file

I HEREBY AUTHORIZE THE BIG RIVER FIRST NATION POST SECONDARY PROGRAM TO DIRECTLY DEPOSIT MY STUDENT ALLOWANCE BENEFITS INTO THE ABOVE-NOTED ACCOUNT

Signature

Date

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STUDENTS NAME (please
print): _____

STUDENTS SIGNATURE:

DATE: _____ Student #: _____

INSTITUTION:
