



**Post-Secondary Education Program
P.O. Box 225
Marcelin, SK S0J 1R0**

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Email: postschool@muskeglake.com

(CONFIDENTIAL)

**POST-SECONDARY EDUCATION
FUNDING APPLICATION**

Submit completed application, most recent transcript and letter of acceptance by mail, fax or scan and email.

Deadline To Submit all Documentation:

September Start – June 15
January Start* – October 15 (*Depending on availability of funding) May
Start* - March 15 (*Depending on availability of funding)

Name (print): _____

Are you a returning student? Yes ___ No ___

Have you received any funding from a Muskeg Lake Cree Nation Program? Yes ___ No ___
If yes, what program and when?

Please complete all areas of application. Incomplete applications will not be considered for approval. It is a criminal offence to make fraudulent claims to procure funds from this Program.

PRIVATE AND CONFIDENTIAL INFORMATION:

The information you provide on this document is for the purpose of resourcing and administering postsecondary student financial assistance. Any personal information that you provide will only be used in connection with determining your eligibility for Muskeg Lake Cree Nation Post-Secondary Education Funding. By signing and submitting this application, I hereby agree to the release of any personal information to any individual or individuals who may require such information for the sole purpose of making decisions respecting the extension of funding pursuant to the program.

A. BASIC STUDENT INFORMATION

Surname: _____ Date of Birth: _____ year/month/day
First Name: _____ SIN: _____
Middle Name: _____ Sex: Male ___ Female ___
Address: _____ Band: _____
City/Town: _____ Treaty#: _____
Province: _____ Phone: _____
Postal Code: _____ Cell: _____
Email: _____

Next of Kin

Name: _____ Are you currently employed? Yes ___ No ___
Relationship: _____ What is your source of income and amount per year?
Phone: _____
Address: _____ Have you or will you be receiving E.I. for this year?
City/Town: _____ Yes ___ No ___
Province: _____
Postal Code: _____

B. PREVIOUS EDUCATION AND TRAINING

SECONDARY EDUCATION

Name of high school: _____
City/Town: _____
Province: _____
Attending: from _____ to _____
Diploma received: Yes ___ No ___

POST-SECONDARY EDUCATION

University, College, Technical Institute: _____
City/Town: _____
Province: _____
Attending: from _____ to _____
Completed: Yes ___ No ___
If completed, did you receive degree, diploma or certificate: _____

C. MARITAL STATUS INFORMATION

Single ___ Married ___ Common-Law ___ Divorced ___ Separated ___ Widowed ___

Name of Spouse: _____
Employed ___ Unemployed ___
If employed:
Where: _____

Address: _____

Annual Income: _____

Dependents:

Name	Date of Birth (y/m/d)

Are they currently residing with you? Yes ___ No ___

Do you or your spouse receive any income for their support (child support/ maintenance/trust-fund):

Yes ___ No ___

If yes, amount per month: _____

D. ASSISTANCE REQUESTED

Have you applied for admittance to a post secondary institution? Yes ___ No ___

___ Have you been accepted? Yes ___ Unknown at this time ___ If yes, forward a copy of the letter with this application.

Institution Name: _____ Program/Faculty/College: _____

Location Address: _____ Major/Specialization: _____

Length of Program: _____ Expected completion date: _____

Assistance for this academic year to commence: _____ to _____

Assistance requested: Living Allowance ___ Tuition ___ Books ___

Will you be applying for a student loan? Yes ___ No ___

Attendance: Full-time ___ Part-time ___

E. STUDENT CAREER PLANNING

(Returning students go to Section G)

What factors influenced your decision to attend post-secondary education?

What are your long-term goals related to post-secondary education?

F. PREVIOUSLY ACCESSED FUNDING

(If you have accessed funding for post-secondary education from any source, including the Muskeg Lake Post-Secondary Program)

What source(s) of funding have you previously accessed for post-secondary education?

For what education/training program?

Were you successful in completed the requirements of the program? Yes ___ No ___

If no, why did you not complete program?

What steps have you taken to ensure your successful completion of this training/education?

G. STUDENT APPROVAL

I _____ authorize the Muskeg Lake Post-Secondary Program, to access information concerning my academic and financial records at the institution I am attending. I accept responsibility for satisfying the academic requirements of the institution and managing the education assistance funds to the best of my ability. I will submit a copy of final grades at the end of each term and a declaration form each month to the Muskeg Lake Cree Nation Post-Secondary program.

Date _____ Applicant Signature _____

PLEASE NOTE: THIS DOCUMENT MUST BE SIGNED AND DATED