



**Post-Secondary Education Program**  
134-335 Packham Ave  
Saskatoon, Sk S7N 4S1

**Telephone:** (306) 477 9780  
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**Email:** postsec@muskeglake.com

**(CONFIDENTIAL)**  
**POST-SECONDARY EDUCATION**  
**FUNDING APPLICATION**

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

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**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)

Full legal 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 funding times, EXAMPLE: 2020-2021-  
8months- Bachelor of Arts- University of Saskatchewan)

**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- FILL IN ALL INFORMATION**

year/month/day

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
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 -Only needs to be filled in if you are requesting living allowance.**

Single \_\_\_ Married \_\_\_ Common-Law \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_

Name of Spouse: \_\_\_\_\_

Employed \_\_\_ Unemployed \_\_\_

If employed:

Where: \_\_\_\_\_

Address: \_\_\_\_\_

Annual Income: \_\_\_\_\_

**Dependents:** (Children that are under your legal guardianship)

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-** Please fill in all information-you will be asked to send in again if not completed.

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**