



**SIKSIKA NATION POST-SECONDARY STUDENT SUPPORT PROGRAM
FINANCIAL ASSISTANCE APPLICATION**
OLD SUN COMMUNITY COLLEGE P.O. BOX 1250 SIKSIKA, ALBERTA T0J 3W0



APPLICATION DEADLINES:

MARCH 15 – SPRING/SUMMER START

JUNE 15 – FALL START

OCTOBER 15 – WINTER START

Are you a new student? Yes No

Are you a continuing student? Yes No

STUDENT INFORMATION

Legal Surname: _____ Given Names: _____

Birth Date YR___/M___/D___ Gender: M F Address: _____

City/Town: _____ Prov/State: _____ Postal Code/Zip Code: _____

Telephone No. (____) _____ Cell No. (____) _____

E-mail address _____

How would you like to be contacted? Mail Email Phone Call

Residence on reserve off reserve Treaty/Band No. _____ - _____

STUDENT ID # (Where you will be attending) _____

Marital Status: Single Married/Common-law Single Parent

Person(s) to contact in case of emergency: Name _____ Contact No. _____

FAMILY

Name of Spouse _____

Name of Dependents (17 and under)	Date of Birth	Residing with you (yes or no)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please use separate sheet for more space)

Will you be working while attending school? Yes No

If yes, how many hours per week? _____

Place of Employment: _____

Is your spouse working? Yes No N/A

Are you or Your Spouse currently receiving the following income? Yes No

E.I. Human Resource Training Allowance Alberta Student Finance Child Maintenance

Other Income, Explain: _____



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PREVIOUS OR CURRENT EDUCATION

Highest Level of Education High School Post Secondary

Name of Most **Current/Recent** School attended: _____

Year attended: _____

Did you receive a certificate, diploma, or degree? Yes No

If yes, please specify _____

EDUCATION PLAN (current year)

Type of Program:

UCEPP COMMUNITY COLLEGE: Certificate Diploma Degree
UNIVERSITY DEGREE: Bachelor Master P.H.D. Post Degree

Program/Course: _____ Institution: _____

Location: _____ Length of program (Years) _____

Year of Study (you will be in when you start): 1 2 3 4 5

Spring Start Summer Start Fall Start Winter Start

Start Date From: YR____/M____/D/____ To: End Date: YR____/M____/D/____

Attendance: full time part time Graduation date YR____/M____/D____

ESTIMATED COSTS

WHAT IS YOUR TOTAL IN FEES PER SEMESTER?

FALL \$ _____ WINTER \$ _____

SPRING \$ _____ SUMMER \$ _____

WILL YOU REQUIRE TEXTBOOKS? YES NO, IF YES, \$ _____

WILL YOU REQUIRE ANY MANDATORY SUPPLIES/EQUIPMENT FOR YOUR PROGRAM? YES NO
IF YES, WHAT IS THE ESTIMATED COST? _____



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NEW STUDENTS PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

(Please check the following that are included with this application)

- ACCEPTANCE LETTER REGISTRATION/SCHEDULE OF CLASSES HIGH SCHOOL TRANSCRIPTS
- COPY OF HIGH SCHOOL DIPLOMA POST-SECONDARY TRANSCRIPT TUITION COSTS
- ALBERTA HEALTH CARE VERIFICATION FOR DEPENDENT(S) AND SPOUSE (IF APPLICABLE)
- COPY OF TREATY STATUS CARD

CONTINUING STUDENTS PLEASE SUBMIT:

(Please check the following that are include with this application)

- REGISTRATION/SCHEDULE OF CLASSES
- TUITION COSTS
- FINAL TRANSCRIPT THAT SHOWS CURRENT AND CUMULATIVE GRADE POINT AVERAGE
- ANY CHANGES IN PROGRAM/MARITAL STATUS/DEPENDENTS

NOTE: IF YOU ARE NOT ABLE TO SUBMIT ALL YOUR DOCUMENTS BY THIS DATE, PLEASE CONTACT OUR OFFICE.

PLEASE NOTE THAT THE INFORMATION GIVEN ON THIS APPLICATION IS STRICTLY CONFIDENTIAL AND IS USED FOR THE PURPOSE OF ASSISTING IN THE SELECTION OF CANDIDATES ONLY. AS PER THE PRIVACY ACT, WE ARE INFORMING STUDENTS THAT OCCASIONALLY OTHER SIKSIKA NATION ADMINISTRATION DEPARTMENTS MAY REQUIRE CERTAIN INFORMATION FROM A STUDENT'S FILE. THIS INFORMATION MAY BE PROVIDED TO THEM IN STRICT CONFIDENCE AND IS USED FOR THE PURPOSE OF ASSISTING THE STUDENT WHILE HE OR SHE IS ATTENDING SCHOOL.

ALL MONIES APPROPRIATED TO FULL/PART-TIME STUDENTS FOR POST SECONDARY FUNDING (ALLOWANCE, TUITION, BOOKS, ETC.) MUST BE USED ACCORDINGLY. FAILURE TO COMPLY WITH THE REGULATIONS COULD RESULT IN AN OVERPAYMENT AND ALL MONIES ARE SUBJECT TO RECOVERY.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL THE INSTRUCTIONS AND INFORMATION ACCOMPANYING THIS APPLICATION FORM AND THAT ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE IN ALL RESPECTS. I UNDERSTAND THAT MISREPRESENTATION, FALSIFICATION OF DOCUMENTS, OR WITHHOLDING OF REQUESTED INFORMATION ARE SERIOUS OFFENCES THAT MAY RESULT IN THE CANCELLATION OF SPONSORSHIP.

APPLICATIONS ARE NOT REVIEWED UNTIL AFTER THE DEADLINE DATES. STUDENTS WILL BE NOTIFIED OF THEIR SPONSORSHIP STATUS BY LETTER OR EMAIL.

X _____
APPLICANT'S SIGNATURE

DATE



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PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

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THE FOLLOWING INFORMATION IS REQUIRED

Continuing Students:

1. Transcripts from last academic term or year.
2. New registration/schedule of classes for fall and winter terms.
3. Fee assessment (total fees charged by the Institution for each term). Must be included with application.

New Students:

1. High School Transcript
2. Copy of High School Diploma
3. Most recent Post Secondary Transcript.
4. Acceptance Letter from Institution.
5. Registration/schedule of classes for fall and winter terms.
 - Schedule and fees can be provided on a semester basis
6. Fee assessment (total fees charged by the Institution for each term). Must be included with application.
7. Verification of dependants if applicable (copy of Health Care cards).
8. Copy of Treaty Status Card.

Any questions regarding your application or sponsorship in general please call (403) 734-3862 or toll-free 1-800-734-3862 and ask to speak with a Post Secondary Manager or Director. Applications and documentation can be faxed to (403) 734-5363 or toll-free 1-888-375-3335 or emailed to alisa.bullbear@oldsuncollege.ca