NATOSAPI
COMMUNITY COLLEGE
Empowering a Nation through Education

PO Box 1250
Siksika, AB T0J 3W0
Ph: 403.734.3862
Fax: 403.734.5363

Kamotahpihkaan - Indigenous Bachelor of Social Work Program Application 2027-2030

PERSONAL INFORMATION

Legal Surname: _____

Given Name(s): _____

Date of Birth: _____ Gender: Male____ Female___ They/Them___

Nation/Band Registration: _____ Band Number: _____

Metis: _____ Other: _____

CONTACT INFORMATION

Street Address/Box Number: _____

City/Town:_____ Province: _____

Postal Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Name of Emergency Contact: _____

Emergency Contact Phone: _____

ACADEMIC HISTORY

Secondary Programs:

Last High School Attended: _____

From (year): _____ to _____ Highest Grade Completed: _____

Post Secondary Institution:

Previous Program of Study:_____

From (year): _____ to _____ Competed: _____

Certification received: _____

Post Secondary Institution:

Previous Program of Study:__ _____

From (year): _____ to _____ Competed: _____

Certification received: _____

Post Secondary Institution:

Previous Program of Study:_____

From (year): _____ to _____ Competed: _____

Certification received: _____

Application Deadline: March 31, 2027

PO Box 1250
Siksika, AB T0J 3W0
Ph: 403.734.3862
Fax: 403.734.5363

REFERENCE REQUEST FORM

Three (3) reference letters are required for each applicant.

Please provide three reference letters from individuals who are familiar with the applicant's character, experience, skills, or involvement within a community organization or agency.

Each reference letter should include:

- Applicant's Name
- Reference's Name and Position
- Community Organization/Agency
- Contact Number
- How the reference knows the applicant
- A brief description of the applicant's character, strengths, skills, and/or contributions
- Reference's signature and date

Reference letters may be submitted on organizational letterhead, where applicable, and should be signed by the person providing the reference.

Please provide a reference signed letter based on the following:

- Please describe the skills and experiences that Applicant possesses that you feel would assist he/she in successfully completing the 4-Year Indigenous Bachelor of Social Work Program with Natosapi Old Sun Community College.
- Please describe in what ways the Applicant is suited for the profession of Social Work.
- Please comment upon the Applicants past or potential contributions to Social Work Practice with Indigenous communities and people.

I (print name), _____acknowledge that I am a

reference for the Applicant, _____, for the Kamotahpihkaan Indigenous - Bachelor of Social Work Program with Natosapi (Old Sun) Community College.

Signature: _____ Date: _____

Please forward this, along with the Reference Letter to:

Address: Natosapi (Old Sun) Community College: P.O. Box 1250, Siksika AB T0J 3W0

Email: IBSWProgram@oldsuncommunitycollege.ca (Please include in the email subject line: IBSW, First Name, Last Name of Applicant)

CHECK LIST ITEMS TO BE SUBMITTED

Please provide the following along with this application:

- Personal Statement Essay/Paper: 1500 Words (APA Format)
- 3 Reference Request Forms to be completed
- 3 Reference Letters to be submitted
- Criminal Record Check (current)
- English 30-1 or Post-secondary equivalent
- High School Transcripts and Post Secondary Transcripts (see OSCC registrar to access)

Application Deadline: March 31, 2027