



Muscowpetung Saulteaux Nation Post Secondary Student Assistance Program
FUNDING APPLICATION
Updated January 2016

Students who have requested educational assistance from Muscowpetung Saulteaux Nation are required to provide the following information and supporting documentation. Please fill out the application with as much detail as possible.

PLEASE CHECK TO ENSURE YOU HAVE SUBMITTED ALL DOCUMENTS.
INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED

NEW APPLICATIONS ONLY		CONTINUING STUDENT APPLICATIONS
	Completed, Signed and Dated Funding Application	Completed, Signed and Dated Funding Application
	Copy of Grade 12 Marks OR Official Transcript from last Post Secondary Institution attended	Class Registration Sheet
	Copy of Acceptance Letter from post-secondary Institution OR Confirmation of Enrolment	Previous Semester's Marks
	Copy of Indian Status Card	Updated Tracking Sheet
	Copy of Health Services Card (and Dependents - if applicable)	Letter of Intent* *ONLY IF YOU ARE APPLYING TO ANOTHER LEVEL (IE: MASTERS/PHD)
	Copy of Class Registration from post-secondary Institution	
	Letter of Intent (Short and Long term goals - why you want to attend a Post Secondary Institution) (Max: 500 Words)	

Applications will be accepted via:

Mailing Address: PO Box 1310 Fort Qu'Appelle SK S0G 1S0

Email: MSN80PostSec@gmail.com

Fax: 306-723-4710

YOU WILL RECEIVE A E-MAIL CONFIRMATION UPON RECEIPT OF APPLICATION



CONTACT INFORMATION

DATE OF APPLICATION:		
SURNAME:		
GIVEN NAME (S):		
10 DIGIT STATUS NUMBER:		
CURRENT ADDRESS:	APT/UNIT/STREET/BOX #:	
CITY/TOWN:	PROVINCE:	POSTAL CODE
PERMANENT ADDRESS: (If different from above)		
HOME PHONE NUMBER:		
OTHER PHONE NUMBER:		
E-MAIL: Please check e-mail often for updates*		
RESIDENCE:	ON- RESERVE	OFF-RESERVE

IT IS YOUR RESPONSIBILITY TO UPDATE ANY CONTACT INFORMATION CHANGES TO THE POST SECONDARY COORDINATOR.



EDUCATION INFORMATION

ATTENDANCE: (PLEASE CIRCLE ONE)	FULL TIME		PART TIME	
PROGRAM TYPE: (PLEASE CHECK ONE)	UEP:	Community College:	BA:	
	MA:	PHD	OTHER:	
PROGRAM COURSE NAME:				
INSTITUTION:				
INSTITUTION ADDRESS:	STREET #:		CITY:	
	PROVINCE:		POSTAL CODE:	
LENGTH OF PROGRAM:	YEARS:	START DATE:	END DATE:	
WHAT YEAR OF STUDY ARE YOU CURRENTLY IN?	1st 2nd 3rd 4th Other:_____			

ESTIMATED COST OF PROGRAM

NOTE: THIS SECTION MUST BE FILLED OUT - ESTIMATED COSTS CAN BE FOUND VIA FINANCIAL SERVICES AT YOUR POST SECONDARY INSTITUTE. ATTACH ANY SUPPORTING DOCUMENTATION IF AVAILABLE

Semester Start Date:_____ **Semester End Date:**_____

REQUEST: (please circle) **Living Allowance** **Books** **Tuition**

TUITION	Semester/Term 1: \$	Semester/Term 2: \$
OFFICE USE ONLY: Total Cost of Applicant:		



SUPPLEMENTARY INFORMATION

DATE OF BIRTH:			
MARITAL STATUS:	Married	Single	Common Law
Name of Spouse: (If Applicable)			
Does your spouse reside with you?	YES:	NO:	
Is your spouse presently employed?	YES: IF YES: F/T or P/T	NO:	
NAME OF DEPENDENTS: (If Applicable) PLEASE INCLUDE A COPY OF HEALTH CARD FOR ALL DEPENDENTS	NAME OF DEPENDENT	RELATIONSHIP TO APPLICANT:	AGE:

Highest Grade Completed:		Year Completed:	
NAME OF HIGH SCHOOL:			
G.E.D (If Applicable):	YES:	NO	

Educational Goal (All students please fill out):



CONSENT TO RELEASE

FOR POST SECONDARY COORDINATOR USE ONLY

I, _____ hereby agree to allow the

PLEASE PRINT YOUR FULL NAME

Muscowpetung Sauleaux Nation Post Secondary Student Assistance Program that is administering my financial support to obtain the necessary academic records from the institution that I am attending. These records will be used for the purpose of verifying eligibility for sponsorship under the support program. I further understand that in order to qualify for a living allowance I have to be in full time attendance as defined by the Post Secondary Student Assistance Program of Muscowpetung Sauleaux Nation. (The Post Secondary Institution that you plan to attend can also define full-time student status).

STUDENT SIGNATURE: _____

DATE: _____