



Skownan First Nation Education Program



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APPLICATION FOR EDUCATIONAL ASSISTANCE

For Office Use Only
Date Received: _____

Part A: PERSONAL INFORMATION

Treaty Number (10 digits):	Social Insurance Number:	DOB (yyyy/mm/dd):
Full Name:	Gender (circle): Male Female	
Current Address (street & no., city, province):	Postal code:	Telephone No:
Permanent Address, if different from above:	Postal code:	Telephone No:
Cell phone #:	Email address:	
Emergency Contact (name, phone #, relationship)		

Part B: REQUEST FOR EDUCATIONAL ASSISTANCE

Student Category, please check one:

New Student (No previous funding or sponsorship from Skownan First Nation Education Program)

Continuing Student (Currently funded student, continuing current program of studies in the next term or academic year)

Returning Student (Previously funded student, returning/resuming former program of studies after absence of one term or more)

Former Student (Previously funded student, applying for a new program of studies)

I hereby make application for educational assistance to attend:

Institution:	Location:
Program of Studies:	Total length of program:
Area of Study (Major/Minor):	Method of Delivery (Classroom/Distance/Online/Blended):
Start and End Date for Term/Session applying for:	Expected date of Graduation:

Attendance: Full-time: _____ Part-time: _____

Type of Assistance requested:

Living Allowance Tuition/Books/Supplies Tuition/Course costs: \$ _____

** Only full-time, day programs are eligible for a living allowance.*

Upon completion, I will achieve:(circle) Certificate Diploma Bachelors Masters Doctorate Other _____

PART C: FAMILY INFORMATION

Please list all Dependent Children who will live with you during period of sponsorship

Name	Age	Grade	School	Lives With me:

*Upon approval of sponsorship, a child Tax Assessment is required before allowance is issued.

Marital Status: Single _____ Married/Common-Law _____

Spouse's Name:	D.O.B.	Treaty Number:
During my sponsorship, my spouse will be:		
Dependent	Employed	Student
Funded by:		

PART D: ACADEMIC HISTORY

Do you have a Grade 12 High School Diploma?_____ Mature 12 Diploma?_____ GED?_____ Year Graduated_____

Last High School attended	Location	Grade Level completed:	
Last Post-Secondary Institution attended:	Program	Date	Completed?
Other Post-Secondary Institutions	Program	Date	Completed?

PART E: PREVIOUS SPONSORSHIP

Have you ever been funded by the Skownan First Nation Education Program before?

If yes, please list:

Institution	Program	Dates/Duration of Sponsorship	Successfully Completed?

Have you ever had your sponsorship suspended or terminated? Yes_____ No_____

Have you ever been academically suspended or terminated by an institution Yes_____ No_____

If yes to either of the above, please explain:

PART F: SOURCE OF INCOME:

What is your current source of income? _____

Are you eligible for EI Benefits? Yes___ No___

Have you applied to other sources for funding? Yes___ No___

If yes please explain and attach letters of acceptance/refusal.

PART G: ADDITIONAL INFORMATION

Please provide any other additional information you feel is relevant to your application.

Please indicate information about any health/medical concerns/conditions, or specific learning requirements that may require special services or disability services.

ACADEMIC PLAN

FOR NEW APPLICANTS/FORMERSTUDENTS:

1. Please describe your career goal or fields of study you are interested in.
2. What influenced you to choose this career or academic program?
3. Have you researched your career/academic path? What have learned about it?
4. How does your program of studies relate to your career goal?
5. What kinds of jobs will you be qualified for if you complete this program of studies?
6. Where do you expect to be employed once you complete your program? Will you need to relocate to find work?
7. What challenges/barriers might you face in this program? How will you manage them?

FOR CONTINUING/RETURNING STUDENTS:

Please describe in detail where you are at in your program of studies, what you achieved during your most recent sponsorship, what you have achieved to date, outstanding requirements for completion of your program and what you will achieve during the period of sponsorship for which you are applying.

H. CONDITIONS OF SPONSORSHIP

I understand the following as conditions of sponsorship if my application is approved by the Skownan First Nation Education Program

1. To attend classes regularly and consistently.
2. To manage the educational assistance funds to the best of my ability.
3. To consult with the education director if any problems arise academically, emotionally, physically or financially.
4. To provide my marks and reports to the SFNEP department upon my directors request.
5. To adhere to any rules and regulations as may be advised to me by SFNEP.
6. To consult with/advise the director of any changes to my program of studies.
7. To adhere to regulations and meet the standards required by the institution for continuation in my program of studies.
8. To accept responsibility for satisfying the academic or training requirements of the above institution.
9. I understand that if I do not meet the academic requirements and attendance conditions of my sponsor and of the Educational institution, that the SFNEP maintains the right to withdraw full sponsorship of my application And that I will be placed on a wait list for future educational sponsorship.

I. REQUIRED DOCUMENTS

 Applicants must provide or forward copies of the following:

-New Student (First application or no previous funding or sponsorship)

Status card, Acceptance Letter, Program Information/Costs, final High school transcript and diploma, transcript release and consent form

-Continuing Student (Presently funded student, resuming current program of studies)

Academic progress/Mark Statement of most recently funded term or session, transcript release and consent form

-Returning Student (Previously funded student, returning/resuming former program of studies)

Academic progress/Mark Statement of most recently funded term or session, Letter of Continuance or Permission to Register, transcript release and consent form

-Former Student (Previously funded student, applying for a new program of studies)

Academic progress/Transcript of most recently funded term or session, Acceptance Letter, Program Information/Costs, transcript release and consent form

Copies only, to be attached or forwarded; do not send originals or official transcripts: Acceptance letters may not be available by our deadline for applications, please forward copy when received. Incomplete applications may be deferred to next intake

J. DECLARATION AND CONSENT

I declare that the information provided by me on this application form is complete and correct and is given in order to substantiate my entitlement for Educational Assistance. I hereby agree to advise the SFNEP of any change in dependency, income from employment, income assistance or any other source, for me or my spouse as these items may affect Educational Assistance rates. I authorize the release of information from First Nation Social Services agencies or Provincial Employment and Income Assistance to the SFNEP to obtain any information required to determine my and/or my dependents' eligibility for Educational Assistance. I also give permission for the SFNEP to verify or confirm with any source the correctness and accuracy of the information contained in this application. As well, I do hereby give permission to the SFNEP to disclose any information regarding my student sponsorship to the appropriate authorities of the SFNEP (i.e. PFNTE, Social Assistance, and Health Centre) or Provincial Employment and Income Assistance.

SIGNATURE OF APPLICANT

DATE

Parent's signature, if applicant is under 18 years of age

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Approved Full Tuition/Books Not Approved Defer to Next Intake

Special Conditions:

Authorized by: _____

Date: _____