

Sapotaweyak Education Authority

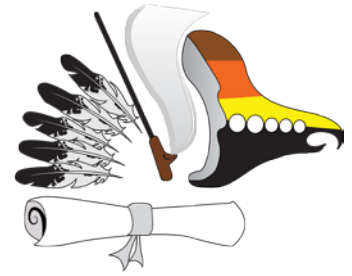
General Delivery

Pelican Rapids, MB R0L 1L0

Phone # (204) 587-2115

Fax # (204) 587-2123

Email: education@ndkms.com



APPLICATION FOR POST SECONDARY EDUCATIONAL ASSISTANCE

Deadline Dates: **April 30** for programs commencing between September-December
September 30 for programs commencing between January-April
March 30 for programs commencing between May-August

Category: *please check only one applicable category that applies to you.*

1. Continuing student: _____ Date last sponsorship period ended: _____
2. High School Graduate: _____ Date of Graduation: _____
3. Deferred student (*previously applied, but no funds were available*): _____
4. New student (*no previous sponsorship*): _____
5. Previously Sponsored (*withdrew or withdrawn*): _____

Length of Program:

From (*start date*): _____ To (*end date*): _____

Length of Sponsorship:

From (*start date*): _____ To (*end date*): _____

PART A – PERSONAL INFORMATION

Surname: _____ Given Name: _____ Initial: _____

Permanent Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Phone #: () _____

Treaty #: _____ Social Insurance #: _____

Birthdate: _____ Gender: M ___ F ___ Usually Live ON Reserve ___
OFF Reserve ___

E-mail Address: _____

If transferred from another Band, date of transfer: _____

Name of Bank Institution: _____ Transit #: _____

Account #: _____ Type of Account: _____

***For applicants claiming dependants please include:**

Landlord Tenancy Agreement, Child Tax Benefit Information and Income Tax Information.

Martial Status: *Please check only one category that applies to you.*

Single (living with parent): _____ Married (employed spouse): _____

Single parent: _____ Married (dependent spouse): _____

Single: _____

Name of Spouse: _____ Birthdate: _____

Band if other than Sapotaweyak Cree Nation: _____ Treaty #: _____

Name(s) of children to be claimed on student allowance:

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

Spouse will be: Dependant Employed Sponsored Student
 Receiving Assistance Receiving Employment Benefits

If you or your spouse is receiving social assistance, please provide the following information:

Name of Case Worker: _____ Phone #: () _____

Case #: _____

PART B – ASSISTANCE REQUIRED

Community College _____ University Bachelor _____ University Diploma _____

University Masters/Ph. D _____ University/College Entrance Program _____

Supplement _____ Other _____

Attendance will be: Full Time Part Time

Name of Program or Course: _____

Name of Institution: _____

Address of Institution: _____

Phone #: () _____ Fax #: () _____

Student # (if known): _____

University/College Academic Advisor: _____

Address: _____ Phone #: () _____

*For University Student: Session in which sponsorship is required.

Fall Session: September to December _____ Winter Session: January to April _____

Spring Session: May to June _____ Summer Session: July to August _____

I am in the: 1st 2nd 3rd 4th 5th year of a _____ year program.

Declared Major: _____ Declared Minor is: _____

*For College and other students: Period of time sponsorship is required in the current academic year.

From: _____ To: _____

I expect/plan to graduate in _____

Academic plan for this year is as follows:

Name of course and credit hours

Name of course and credit hours

Will you be doing field experience this year?

Yes or No

If Yes, give time frame: _____

*Course Registration/Timetable **MUST** be submitted to S.E.A.

PART C – EDUCATION HISTORY

Highest grade completed in primary or secondary school: _____

Year Completed: _____

Provide History of Education:

Dates From-To	Institution (College/University)	Name of Program	Completed Yes/No	Certificate Diploma Degree Rec'd	Sponsored by:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you require additional space to fill in your information, please do not hesitate to attach on extra sheet to the back of this application form.

PART D – DECLARATION

I understand and accept the following for sponsorship with Sapotaweyak Education Authority Post Secondary Department.

- 1. To attend classes regularly and consistently.**
- 2. To consult with my counselor if any problems arise academically, emotionally, physically or financially.**
- 3. To meet the Institution's requirements for continuation in my program of studies.**
- 4. To provide transcripts or marks and progress reports to Sapotaweyak Education Authority Post Secondary Department.**
- 5. To adhere to sponsorship policies and regulations as stated in the Post Secondary Policy Manual.**
- 6. To consult with my counselor on changes of dependents, residence, telephone #, etc.**
- 7. I authorize the release of my transcript, progress reports and attendance records to my sponsor.**

Applicant's Signature

Date: _____
Day/Month/Year

Witness' Signature

Date: _____
Day/Month/Year

PART E – RECOMMENDATIONS

I recommend _____ I do not recommend _____ for the following reason(s):

Counselor: _____ Date: _____

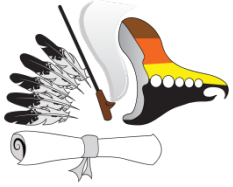
Approved _____ Not Approved _____ Conditionally Approved _____

Conditions of Approval (*if any*): _____

Education Director: _____ Date: _____

****NOTE TO APPLICANTS: Applications will not be considered complete without the following. Please include them when you submit your application.***

- ***Letter of Acceptance from an Education Institute***
- ***Most recent transcript***
- ***Cost of tuition, books, supplies and field trips.***



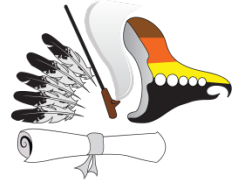
Sapotaweyak Education Authority

General Delivery
Pelican Rapids, MB R0L 1L0

Phone # (204) 587-2115

Fax # (204) 587-2123

Email: education@ndkms.com



RELEASE AUTHORIZATION 2024 – 2025 ACADEMIC YEAR

I, _____ hereby authorize the release of my personal information checked below to my sponsoring Agency, at their request.

- _____ Mid-term Grade Reports Institution _____
- _____ Final term Grade Reports
- _____ Progress Reports
- _____ Attendance Records
- _____ Transcript to Sponsoring Agency
- _____ Transcript mailed directly to another Post Secondary Institution

I also authorize _____
Do not authorize _____ Name _____

A Student Advisor/Counselor to discuss my progress or any problems with the contact person of my sponsoring Agency.

Student Name: _____ Student ID# _____

Student Signature: _____
(Signature required)

Major Declared: _____

Sponsoring Agency: **Sapotaweyak Education Authority**

Date: _____