

Date Received: \_\_\_\_\_

**Applicant Information (PLEASE PRINT CLEARLY)**

Band Code	Family Number	Position Number	Birth Date MM / DD / YY
4   3   6   0			

Legal Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ SIN: \_\_\_\_\_ Bill C-31: Refer to other agency

Prior to application date have you been listed on the Piikani Nation Membership List for last 3 years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate how you would like to be contacted:

Current Mailing Address: <input type="checkbox"/>	Address While at School: <input type="checkbox"/> <small>(If different from home address)</small>	Emergency Contact Person:
_____	_____	_____
_____	_____	Phone#: _____
Postal Code _____	Postal Code _____	Relationship: _____
Phone # _____	Phone # _____	
Cell # _____	Cell # _____	
Email Address: _____		Facebook Name: _____

**Profile (Please Check One)**

<input type="checkbox"/> S1 Single Living With Parents	<input type="checkbox"/> M1 Married/Common Law with Employed Spouse Spouse's Name _____
<input type="checkbox"/> S2 Single Independent	<input type="checkbox"/> M2 Married/Common Law with Dependant Spouse Spouse's Name _____
<input type="checkbox"/> S3 Single Parent	<input type="checkbox"/> Number of Dependants under age 18 _____ <small>MUST COMPLETE PROOF OF DEPENDENTS FORM</small>

**Education Plan (PLEASE PRINT CLEARLY)**

<b>Attendance:</b>	<b>Program Level:</b>	<b>Anticipated Graduation Date From Program:</b>
Full Time _____	<input type="checkbox"/> University & College Entrance Preparation Program	MM   DD   YY
Part Time _____	<input type="checkbox"/> Community College Diploma Programs	
	<input type="checkbox"/> Undergraduate University Programs (i.e. B.A., B.Sc.)	
	<input type="checkbox"/> Master's and Doctoral Programs (i.e. M.A., M.Sc., PHD's)	
	<input type="checkbox"/> Professional Programs (i.e. Law, Medicine)	

<b>Program</b>	<b>Institution</b>		
<b>Program Length</b>	<b>Current Year of Study</b>	<b>Summer I</b> <input type="checkbox"/>	<b>Summer II</b> <input type="checkbox"/>
	( ) 1 <sup>st</sup> Yr ( ) 2 <sup>nd</sup> Yr	<b>Fall</b> <input type="checkbox"/>	<b>Winter</b> <input type="checkbox"/>
	( ) 3 <sup>rd</sup> Yr ( ) 4 <sup>th</sup> Yr ( ) 5 <sup>th</sup> Yr		

**History**

Please Check boxes that apply to you:

Graduate – High School Year \_\_\_\_\_ School \_\_\_\_\_

Graduate – Adult Upgrading Year \_\_\_\_\_ School \_\_\_\_\_

Graduate – Transition Applicant Year \_\_\_\_\_ Program \_\_\_\_\_

No Previous Sponsorship from PBOE  Previously Sponsored by PBOE

Currently Sponsored Student (at time of application)  Other/Not Sure

Disability we should be aware of: \_\_\_\_\_

Declaration of consent required to determine eligibility of sponsorship:  
 I hereby verify that all information provided on this form is correct to the best of my knowledge and that no relevant information has been withheld.  
 I give my consent, as may be required by statute law, to allow PBOE to verify and share the information I have provided with any, federal, provincial, First Nation, and Piikani offices or agencies, and education institutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To complete the application process please submit a one page letter indicating your long term education intentions.**