

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: Address While at School: Emergency Contact Person: _____
(If different from home address)

Place _____ Place _____ Phone _____

Postal Code _____ Postal Code _____ Relationship _____

Phone # _____ Phone # _____ (2) _____

Cell # _____ Cell # _____ Phone _____

Email Address: _____ Facebook Name: _____

Family Profile (Please Check One)

- S1 Single Living With Parents M1 Married/Common Law with Employed Spouse
Spouse's Name _____
- S2 Single Independent M2 Married/Common Law with Dependent Spouse
Spouse's Name _____
- S3 Single Parent: number of dependents under 18 years _____ (MUST COMPLETE PROOF OF DEPENDENTS FORM)

Education Plan (PLEASE PRINT CLEARLY)

Attendance:	Program Level:	Anticipated Graduation Date From Program: MM DD YY
Full Time _____	<input type="checkbox"/> University & College Entrance Preparation Program	
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)	

Program	Institution	
Program Length _____ Years	Your Current Year of Study () 1 st Yr () 2 nd Yr () 3 rd Yr () 4 th Yr () 5 th Yr	Terms you are applying for in Current Academic Year _____ Summer (May-August) _____ Fall (September-December) _____ Winter (January-April)

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 with your application a one-page letter of intent indicating your current college/university enrollment, long term education intentions, and current employment status.