

APPLICATION FORM FOR POST-SECONDARY SPONSORSHIP

Applicant Information (PLEASE PRINT CLEARLY)

Treaty Number:

4	3	6
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 Band Code Family # Position # Birth Date:

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 MM/DD/YY

Legal Last Name: _____ First: _____ Middle: _____

Gender:

Male:

Female:

Prior to application date have you been listed on the Piikani Nation Membership List for the last 3 years? Yes: No: **Bill C-31: Refer to another agency**

Please indicate where you would like your mail sent to:

Current Mailing Address: <input type="checkbox"/>	Address While at School: <input type="checkbox"/>
_____	_____
Prov/State: _____ Postal Code: _____	Prov/State: _____ Postal Code: _____

Phone #: _____ Facebook Name: _____

Email: _____

Emergency Contact Person 1: _____ Phone: _____ Relationship: _____	Emergency Contact Person 2: _____ Phone: _____ Relationship: _____
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Family Profile

Living Situation while at School (Select Only One Option)

Single living with parents: Single Independent:

Married/Common Law with Employed Spouse:

Married/Common Law with Dependent Spouse:

Spouse's Name: _____

Do you have dependents under the age of 18? (Select Only One Option)

Yes: If yes, how many: No:

If you selected YES, you must fill out a proof of dependents form

Employment Profile

Will you be employed while attending Post-Secondary studies? Yes: No:

If YES, please indicate if you are: **Part Time:** **Full Time:**

Note: Full time students receiving Post-Secondary living allowance may work up to fifteen (15) hours per week.

Post-Secondary Education Sponsorship Program

Application Request

Attendance: Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>	Indicate the funding you are applying for (Select all that may apply): Living Allowance: <input type="checkbox"/> Tuition: <input type="checkbox"/> Other (specify): _____ Books: <input type="checkbox"/> Supplies: <input type="checkbox"/>
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Education Plan (PLEASE CLEARLY PRINT FULL INSTITUTE NAME)

Program Level: (Select Only One Option)

University & College Entrance Preparation Programs (i.e., Adult Upgrading, Transition): <input type="checkbox"/>	College Diploma Programs: <input type="checkbox"/>	Undergrad University Programs (i.e., B.A., B.Sc.): <input type="checkbox"/>
Master's & Doctoral Programs (i.e.. M.A.. PHD): <input type="checkbox"/>		Professional Programs (i.e.. Law. MD): <input type="checkbox"/>

Program: _____ Institution: _____

Program Length _____ Years	Current Year of Study ()1 st ()2 nd ()3 rd ()4 th ()5 th +	Term(s) you are applying for: Summer (May-August): <input type="checkbox"/> <small style="background-color: yellow;">Available for Currently Sponsored Students only</small> Fall (September-December): <input type="checkbox"/> Winter (January-April): <input type="checkbox"/>
Anticipated Grad Date from Program: / / <small>MM DD YR</small>		

History (Please check all that may 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 (at the 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: _____

(For Office Use Only) Date Received: _____ Initials: _____

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.