

APPLICATION FORM FOR POST-SECONDARY SPONSORSHIP

Applicant Information (PLEASE PRINT CLEARLY)

Treaty Number:

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 Band Code

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 Family #

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 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: ☐

Address While at School: ☐

Prov/State: _____ Postal Code: _____

Prov/State: _____ Postal Code: _____

Phone #: _____

Facebook Name: _____

Email: _____

Emergency Contact Person 1:

Emergency Contact Person 2:

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

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: ☐Part Time: ☐**Indicate the funding you are applying for (Select all that may apply):**Living Allowance: ☐ Tuition: ☐ Other (specify): _____Books: ☐ Supplies: ☐

Education Plan (PLEASE CLEARLY PRINT FULL INSTITUTE NAME)

Program Level: (Select Only One Option)University & College Entrance
Preparation Programs
(i.e., Adult Upgrading, Transition): ☐College Diploma Programs: ☐Undergrad University
Programs (i.e., B.A., B.Sc.): ☐Master's & Doctoral Programs (i.e.. M.A.. PHD): ☐Professional Programs (i.e.. Law. MD): ☐

Program: _____ Institution: _____

Program Length

____ Years

Current Year of Study() 1st () 2nd () 3rd () 4th () 5th+**Term(s) you are applying for:**Summer (May-August): ☐

Available for Currently Sponsored Students only

Fall (September-December): ☐Winter (January-April): ☐**Anticipated Grad Date from Program:** / /

MM DD YR

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.