

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.

