



Whitesand First Nation  
 Post Secondary Student Program  
 79 N. Court Street #102  
 Thunder Bay, Ontario  
 P7A 4T7  
 (807) 345-4441  
 Fax (807) 345-4448

New Student     Returning Student     From UCEP (entrance program)     Other

Application Date:    Year    Month    Day

Personal Information / Applicant & Spouse

Name:

Name:

Band Number:

Band Number:

Date of Birth:

Date of Birth:

Home Address

Home Address

Town/ City & Province

Town/ City & Province

Postal Code:

Postal Code:

Telephone:

Telephone:

Marital Status:

Single     Married with employed spouse     Married with dependant spouse     Common Law

**If claiming spouse as a dependant, documentation will be required for verification purposes.**

Number of Dependants:

List Names & Ages / Copy of Birth Certificates of Self & dependants will be required.

Note: If your spouse is attending school a letter from their sponsoring agency will be required outlining as to who will be claiming the dependants.

Education Plan: Attendance: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Type of Program: <input type="checkbox"/> Entrance Program <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> B.A <input type="checkbox"/> M.A <input type="checkbox"/> Ph. D	
Program Name:	Program Length:
Institution:	Address:
Current Year of Study:            of	Date of Graduation:    Y    M    D
Institutional Acceptance: <input type="checkbox"/> Final <input type="checkbox"/> Continued <input type="checkbox"/> Conditional	
Training Dates for Academic Year:    Y    M    D    to    Y    M    D	
Expected Academic Costs	
Tuition / Fall Session	Tuition / Winter Session
Books / Supplies:	Books / Supplies:
Total Instruction Costs:	Total Instruction Costs:
Living Allowance:	Living Allowance:
Other:	Other:
Total Costs:	Total Costs:
Student Months:	Student Months:
<b>Authorization: I have read and agree to the conditions of this financial agreement: I swear that the information submitted is true and accurate:</b>	
Student Signature:	Date:
Education Coordinator:	Date:
For Office Use Only	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Funding Conditional	
Letter of Acceptance Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transcript: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete the following Information: this information is part of your application for funding. If not completed your application will be noted as incomplete and returned to the application for completion.

Education

Last year Completed:

Year:

High School Graduate:  Yes  No

Last Year Completed:

Present Course:

Program Applying For:

After Graduation from a College Program do you plan to attend graduate school?  Yes  No

After Graduation from a University Program do you plan to attend graduate school?  Yes  No  
If yes, Name of Graduate School: Course / Program

Long Term Goal / Desired Employment:

Comments:

Whitesand First Nation Post Secondary Student Program Application



**Student Information & Responsibility Agreement**

I agree to be a full time student as defined by the Institution in order to receive a Living Allowance. University Standards are four full credits where a normal load is five courses; college standards are 66 2/3 % of the required program courses per semester or 70 % of the required course hours.

I agree to complete the program studies in the allotted time frame of funding available and institution requirements.

I agree to inform the Whitesand First Nation Post Secondary Student Program before any changes are made in my educational goals. (Courses / Programs / Institution)

I agree to provide copies of transcripts for each semester/term as they become available. **Continued funding is contingent upon receipt of transcript. Each returning student will also be required to complete a new application if they wish to continue with their studies. Failure to do so may result in the loss of funding.**

I understand that I must provide a mid-term progress reports as required by the Whitesand First Nation Post Secondary Student Support Program.

I agree to maintain a minimal grade point average or higher as determined by the program and institution.

I will withdraw officially as prescribed by the institution, if such action becomes necessary, and I will forward notification to the Whitesand First Nation, including my reasons.

I agree to return any funding issued to me after I have withdrawn or become suspended for academic reasons.

I agree that any misleading or false information on my application may result in voiding my application and/or approval given.

I agree to keep all receipts for books and supplies and to provide them upon request.

I agree to abide by all regulations governing attendance, punctuality, and completion of course work and assignments as determined by instructors, program and institution.

**I have read and understand these terms and conditions and further agree to abide by them in order to receive assistance and approvals as detailed in the Whitesand First Nation Post Secondary Student Support Program Policies and Guidelines.**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Whitesand First Nation Post Secondary Student Support Program**



**Attention: Register & Accounts Payable**

You, the educational institution, are hereby authorized and requested to release Transcripts, Mid-term grades and attendance information to the Whitesand First Nation Post Secondary Student Support Program while I, \_\_\_\_\_ am enrolled in the following programs.

Course Program: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Program: \_\_\_\_\_

Institution: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

In the event that I, the student, withdraw from the program, the above named educational institution is authorized to forward any refund to:

Whitesand First Nation Education Program  
Attention: Post Secondary Program Coordinator  
79 N. Court Street, Suite 102  
Thunder Bay, Ontario  
PA 4T7

**Cheques should be made payable to the Whitesand First Nation Education Program.**