



ST. MARY'S FIRST NATION EDUCATION DEPARTMENT  
POST-SECONDARY SPONSORSHIP APPLICATION

This application is for the following:

NEW STUDENT: ( )  
RE-ENROLLING: ( )  
APPLICATION CHANGE: ( )

Enrollment:

FULL-TIME: ( )  
PART-TIME: ( )

PERSONAL INFORMATION – PLEASE PRINT CLEARLY

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ CANADIAN RESIDENT: YES ( ) NO ( )

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ BIRTHDATE DD / MM / YYYY SIN # \_\_\_\_\_

FIRST NATION: \_\_\_\_\_ BAND NUMBER (10 DIGITS) #: \_\_\_\_\_  
Attach a photocopy of your status card

TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RESERVE RESIDENT: YES ( ) NO ( )

WILL YOU BE LIVING AT HOME WHILE ATTENDING A POST-SECONDARY INSTITUTION?

YES ( ) NO ( )

IF NO: WHAT IS THE ADDRESS WHILE ATTENDING A POST-SECONDARY INSTITUTION?

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

Student Initials \_\_\_\_\_

Marital Status – Please Check One

Married: ( )

Single: ( )

Common Law: ( )

If applicable:

Spouse / Common Law Partner's Name: \_\_\_\_\_

Spouse / Common Law Partner's BIRTHDATE DD / MM / YYYY

Is your spouse employed: Yes ( ) No ( ) If applicable: Full-Time ( ) Part-Time ( )

(A PHOTOCOPY OF LONG FORM OF BIRTH CERTIFICATE MAY BE REQUIRED)

Dependents:

Do you have Dependents: Yes ( ) No ( )

Number of Dependents: \_\_\_\_\_

Name of Dependents:	Age of Dependent	Date of Birth of Dependent
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

(PHOTOCOPY OF LONG FORM OF BIRTH CERTIFICATE MUST BE PROVIDED FOR EACH DEPENDENT)

**POST-SECONDARY INSTITUTION INFORMATION**

What Level of Post-Secondary Education are you applying for?

Please Check One:

Level I: ( ) Community College / Certificate Program

Level II: ( ) University Undergraduate Degree Program

Level III: ( ) Masters / Doctorate Degree

Student Initials \_\_\_\_\_

Name of Post-Secondary Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Name of Degree or Certificate: \_\_\_\_\_

Length of Program: \_\_\_\_\_

Current Year of Study: First: ( ) Second: ( ) Third: ( ) Fourth: ( ) Other: ( )

How many months have you previously received sponsorship funding? \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

Current Student ID #: \_\_\_\_\_

**Session:**

Fall: ( ) Winter: ( ) Intersession: ( ) Summer Session: ( )

Will you be residing: On-Campus: ( ) Off-Campus: ( )

Start Date: DD / MM / YYYY

End Date DD / MM / YYYY

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Student Initials \_\_\_\_\_

## STUDENT DECLARATION OF UNDERSTANDING FOR SPONSORSHIP

I hereby make this application for financial assistance and accept the following terms and conditions for sponsorship as determined by St. Mary's First Nation. I have read, understood and agree to the Saint Mary's First Nation Post-Secondary Education Policies and Guidelines as outlined in the SMFN Student Handbook. Please initial each of the following:

1. \_\_\_\_\_ To manage the approved education assistance to the best of my ability.
2. \_\_\_\_\_ To meet the standards required by the both the Post-Secondary Institution and St. Mary's Education Department for the continuation of my studies.
3. \_\_\_\_\_ To provide either official transcripts or unofficial transcripts to the SMFN Director of Education at the required times to verify continuation in a program of studies.
4. \_\_\_\_\_ Notify the SMFN Director of Education of any changes associated with post-secondary assistance (changes may include address, phone number, courses, part or full time status, dependants, or marital status)
5. \_\_\_\_\_ I understand that any changes, misrepresentation, or omission of information is ample cause for refusal of funding by the St. Mary's Indian Band Post-Secondary Education Program.
6. \_\_\_\_\_ I understand that all necessary documentation as referred to in this Handbook, or otherwise directed by the Education Department must be included with my application in order for my application to be considered compete. I understand that incomplete applications will not be considered.
7. \_\_\_\_\_ I understand that the St. Mary's Post-Secondary Education Program will take action to reclaim funds in respect to tuition, living allowances, book allowances, travel funds, residence and meal plan coverage, received for periods of support for which I was ineligible.
8. \_\_\_\_\_ I agree that I have provided a valid email address and will check my email regularly
9. \_\_\_\_\_ I understand that all receipts must be submitted in their original form
10. \_\_\_\_\_ I understand I must opt out of any Medical or Dental Insurance Plan offered by a post-secondary institution, and that if I do not, I am responsible for payment
11. \_\_\_\_\_ I have read and understand the terms and conditions as outlined in the SMFN Student Handbook.
12. \_\_\_\_\_ I hereby declare that I have been a resident of Canada for the past 12 consecutive months prior to the date of my application for Post-Secondary Sponsorship. For proof of Canadian Residency see Student Handbook for eligible required documentation.

**I, \_\_\_\_\_, have read and agree with the requirements outlined above for students receiving Post-Secondary funding through the Saint Mary's First Nation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION FORM**

A. Name of Post-Secondary Institution attending \_\_\_\_\_ academic year.

\_\_\_\_\_

B. Student Number as issued by the Post-Secondary Institution as indicated above

\_\_\_\_\_

**I, hereby agree to give the Education Director, Annette M. Paul, permission to obtain my information regarding tuition fees, course selection, transcripts, academic progress and any other information as needed from the above Post-Secondary Registrar and Business Office, when required.**

Student Name: \_\_\_\_\_ (Please Print)

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

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

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ (Please Print)

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