



WRFN - PSE 2018/19 Application

Form B: PAGE 1 of 6

(Confidential when completed)

Applicant Information



1 Whitefish River First Nation		Indian Status Card #	230
Applicant Name (as per Indian Status Card):		Date of Birth:	
Home/Primary Address:		Address during School (if different)	
City:		City:	
Province:		Province:	
Postal Code:		Postal Code:	
Home Tel:		Number of dependents:	
Cell #:		(Please provide proof of dependent status)	
Email:			
Other:			

Education Information

2a Educational Institution:	
2b Program of Study:	
2c Level of Program:	Certificate / Diploma / Degree / Master's / PhD (Circle One)
2d What semester will you be starting this sponsorship application with:	(for example: 3rd of 8)
2e Attach Program Syllabus	

2f Semester(s) Sponsorship Requested*: Check All that apply

Spring 2018 (May/June)	<input type="checkbox"/>
Summer 2018 (July/August)	<input type="checkbox"/>
Fall 2018 (Sept./Oct./Nov./Dec.)	<input type="checkbox"/>
Winter 2019 (Jan./Feb./Mar./April)	<input type="checkbox"/>
Spring 2019 (May/June)	<input type="checkbox"/>

** To be consistent with the program syllabus and education plan.
Sponsorship changes between semester(s) requested & program syllabus/education plan need to be approved by WRFN*

2g Type of Sponsorship** Requested: Full Time or Partial
(Circle One)
 ** As per approved levels and Limits in the WRFN PSE 2016/17 Policy

2h Full Time Sponsorship types requested Check All that apply

Living allowance (only 1 of the 3 options)

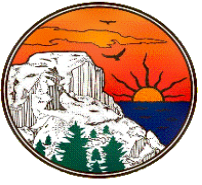
1. Living Allowance, or;	<input type="checkbox"/>	or
2. Residence, or;	<input type="checkbox"/>	or
3. Residence & Meal Plan.	<input type="checkbox"/>	

Tuition
 Book allowance
 Travel allowance

2i Partial Sponsorship types requested Check All that apply

Tuition
 Book allowance
 Travel allowance

2j Expected Graduation Month and Year: (MM/YYYY)

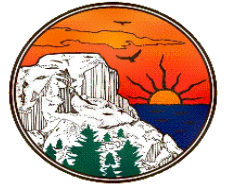


WRFN - PSE 2018/19 Application

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(Confidential once received by WRFN)

Education History & Plan



Applicant Name: _____

Education History

Where

When

1 What high-school did you graduate from?

2 What year did you graduate high-school?

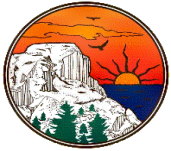
3 What Post-Secondary Programs have you taken since high-school Graduation? (Please fill in the table below)

PSE Institution	Program of Study	Time-Frame	
		From when to when	Did you graduate?

Education Plan

4 What are the courses that you plan on taking for the following 2016/17 semester(s)

Semester	Courses	Course Length -- 1 or 2 semesters
Spring 2018 May/June	(Example: Math101 - One semester)	
Summer 2018 July/August		
Fall 2018 Sept/Oct/Nov/Dec		
Winter 2019 Jan/Feb/Mar/April		
Spring 2019 May/June		



WRFN - PSE 2018/19: Form A (1 page)
Application for
Guidance/Counselling/Social Work Services
Or College / University App Fee Support



Whitefish River First Nation Indian Status Card # 230 _____

Applicant Name (as per Indian Status Card):

Home/Primary Address:

City:

Province:

Postal Code:

Home Tel:

Cell #:

Email:

Other:

Check one

To: Whitefish River First Nation

I request assistance for college and / or university
 Guidance/Counselling/Social Work Services

I have Attached a support letter from a health care professional.

**I understand that this type of WRFN PSE support is subject to WRFN review
 and available funding.**

OR

To: Whitefish River First Nation

I request assistance for college and / or university application fee support.

I have attached my legible copy of my Indian Status card (front and back)

I have provided a receipt for payment made or

I will provide a receipt once the payment is made.

**I understand that college / university application fee support has a maximum of
 \$150. / calendar year, and DOES NOT guarantee approval of WRFN PSE sponsorship**

Signature:

Date:



Whitefish River First Nation

Consent to obtain, release and or exchange information with the Educational Institution

Date: _____

To: _____
(College or University)

Re: _____
_Requests regarding student information____

From: _____
(Student Name and Student Identification Number)

Program of study: _____

I, _____ am an applicant for 2018/2019 WRFN PSE sponsored student.
(Print name as per status card)

If sponsored as applied, I hereby authorize the above named college or university to release information to Whitefish River First Nation, as it pertains to tuition, and/or residence fees, grades, transcripts, student supports, and attendance while I attended the above college or university.

I understand this information will be used to confirm eligibility for and compliance with WRFN PSE sponsorship.

Student Signature: _____



Whitefish River First Nation

Consent to obtain, release and or exchange information with SELECTED FAMILY AND FRIENDS

Date: _____

To: **Whitefish River First Nation (WRFN)**

Re: Requests regarding student information

From: _____
(Student Name and Student Identification Number)

I, _____ am an applicant for 2018/2019 WRFN Post-Secondary Education (PSE) sponsored student.

If sponsored as applied, I hereby authorize WRFN Administration and / or Education program staff to discuss my PSE sponsorship with the following people, as it pertains to tuition, and/or residence fees, grades, transcripts, student supports, and attendance.

You may discuss me with the following:

I understand this information will be used to assist with providing WRFN requested information, improve support for me, and confirm eligibility for and compliance with WRFN PSE sponsorship.

Student Signature: _____



Whitefish River First Nation

**Consent to obtain, release and or exchange information with other WRFN
Programs and Services**

Date: _____

To: **Whitefish River First Nation (WRFN)**

Re: Requests regarding student information

From: _____
(Student Name and Student Identification Number)

I, _____ am an applicant for 2018/2019 WRFN Post-Secondary Education (PSE) sponsored student.

If sponsored as applied, I hereby authorize WRFN Administration and / or Education program staff to discuss my PSE sponsorship with other WRFN Programs and Services as it may pertain to my eligibility for WRFN PSE sponsorship (I.E. WRFN Membership Department).

Further, if applicable, you are allowed to:

1. Share my name and contact info with prospective employers: Yes No (Circle one)
2. Share my graduate status and program graduated from in WRFN promotion materials and/or on-line publications: Yes No (Circle one)

Student Signature: _____



Whitefish River First Nation

WRFN PSE Sponsorship Student Agreement

Date: _____

To: **Whitefish River First Nation (WRFN)**

From: _____
(Student Name and Student Identification Number)

I am an applicant for 2018/2019 WRFN Post-Secondary Education (PSE) sponsorship.

I have read the WRFN PSE 2018/2019 Policy and understand its contents.

I agree that the information I have provided is true and accurate. I understand that not providing accurate and timely information for this application may result in non-sponsorship.

If my WRFN PSE 2018/2019 application for sponsorship is approved, I agree that I will report and comply with the terms and conditions contained in the said policy.

Student Signature: _____