



Whitefish River First Nation Application for Post-Secondary Funding

for Sept. 2019 - Aug. 2020 (Academic Sessions: F2019, W2010, S&S2020)

PART A: Applicant Information

Applicant Name (PROVIDE clear copy of front and back of card with this application):

10-digit Indian Status Card #:

230-

Date of Birth:

(dd / mm / yyyy)

PART B: Permanent Address

PO Box #:

No. Str./Dr./Rd./Blvd./Hwy., Apt./Unit #:

City:

Province:

Postal Code:

Home Tel:

Cell #:

Alternate #:

Email 1:

PART D: Education Information:

Educational Institution:

What semester will you be starting this sponsorship application with:

(i.e. 1st semester of 4, 2nd year or 4 yr prog.)

*** Program information with semester dates and course list per semester must be attached.

PART C: Sessional Address*:

PO Box #:

Street, Apt./Unit #:

City:

Province:

Postal Code:

Number of dependents**:

* Address while school is in session

** Proof of dependent status must be provided. See policy for details.

Email 2:

Program of Study***:

Which Campus, if applicable:

Level of Program:

Certificate / Diploma / Degree / Master's / PhD

(Circle One)

PART E: Details of Sponsorship Requested per semester: (check off & circle all that apply based on Program information)

<input type="checkbox"/>	Fall 2019 (Sept./Oct./Nov./Dec.)	FULL TIME / PART TIME	on campus / community based / online / blended delivery
<input type="checkbox"/>	Winter 2020 (Jan./Feb./Mar./April)	FULL TIME / PART TIME	on campus / community based / online / blended delivery
<input type="checkbox"/>	Spring 2020 (May/June)	FULL TIME / PART TIME	on campus / community based / online / blended delivery
<input type="checkbox"/>	Summer 2019 (July/August)	FULL TIME / PART TIME	on campus / community based / online / blended delivery

Education Plan changes (i.e.: Institution, Program and/or course changes) must be pre-approved by WRFN. If approved and required, then an updated sponsorship letter will be sent). Spring and Summer fasttracking are prohibited, unless courses are mandatory for the program AND are only offered during the Spring or Summer semesters or as per

If Full Time, then indicate which type of Living Allowance you are requesting:

- Renting
- Residence
- Residence with Meal Plan

All FULL TIME AND PART TIME APPLICANTS, indicate what other type of Sponsorship you are Requesting for the time periods checked off above:

- Tuition
- Books
- Monthly Travel subsidy

All funding limits will be in accordance with WRFN PSE Policy.

WRFN PSE Sponsorship is subsidy only - students are expected to work and save funds during the Spring & Summer months.

PART F: Expected Graduation

Expected Convocation Date:

(mm / yyyy)



Whitefish River First Nation Application for Post-Secondary Funding - Cont'd

Application of:

PART G: Education History

What high school did you graduate from? (School Name, Town & Province):

When did you graduate? (mm/yyyy) :

List all Post-Secondary Programs you have taken since High School Graduation. Please fill in Table below

Institution Name	Program of Study	Timeframe: From (mm/yy) to (mm/yy)	Did you graduate? (y / n)

PART H: Education Plan

Semester	Course Code	Course Name	Mandatory / Elective	On campus / On-line
Fall 2019 (Sept. /Oct. /Nov. /Dec.)				
Winter 2020 (Jan. /Feb. /Mar. /April)				
Spring 2020 (May/June)				
Summer 2019 (July/August)				

PART I: Additional Requested Services

Please check only one box.

OR

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.

I request assistance for college and/or university application fee support. 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 if fees are reimbursed that **DOES NOT guarantee approval of WRFN PSE sponsorship.**

I declare that all information provided on this application is true and accurate. I will provide all subsequent documentation (including Consent and Agreement forms) as soon as possible. I further acknowledge I will communicate with WRFN Education Manager as required.

Signature:

Date:

Parent/Guardian MUST also sign if Applicant is 17 years old or younger as of May 31st, 2019

Please sign application in BLUE INK

LATE APPLICATIONS WILL NOT BE ACCEPTED