



SAKIMAY FIRST NATIONS ADVANCED EDUCATION

APPLICATION FOR POST-SECONDARY STUDENT SPONSORSHIP

Please check one:

NEW STUDENT CONTINUING RE-ADMITTANCE TRANSFER

A. PERSONAL INFORMATION:

Treaty #: _____ S.I.N.#: _____ D.O.B.: ____/____/____
Year Month Day

Surname: _____ Given Name: _____ Initial(s): _____

Current
Address: _____ Town/City: _____

Province: _____ Postal Code: _____

Permanent
Address: _____ Town/City: _____

Prov.: _____ Postal Code: _____

Telephone #: _____ Cell Phone #: _____

E-mail: (mandatory) _____

Sex: Male Female

Marital Status: Single Living with Parents Single Living Independently

Married with Dependant Spouse Married with Employed Spouse

Single Parent Number of Dependants: _____

B. LIST DEPENDANTS:

Name:	Relationship:	D.O.B:	First Nation:	Treaty #:
_____	_____	____/____/____ Year month day	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

* NOTE: if more space is needed please list the required information for the additional dependants on a separate page.

C. Next of Kin: _____ Phone #: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

D. EDUCATION HISTORY:

	Institution Name:	Location:	Program Completed		Year Completed	Diploma Certificate And/or Degrees
			Yes	No		
Elementary						
Secondary						
Technical						
University						
Other (specify)						

E. EDUCATION PLAN:

- CATEGORY:** TECHNICAL UNIVERSITY OTHER
- STATUS:** PART TIME FULL TIME
- TYPE:** CERTIFICATE DIPLOMA BACHELOR
 POST-GRADUATE DIPLOMA MASTERS PHD

PROGRAM/COURSE: _____ INSTITUTION: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE #: _____ FAX #: _____

FIELD OF STUDY: _____ LENGTH OF PROGRAM: _____

YEAR OF STUDY: _____ DATE OF GRADUATION: _____

EFFECTIVE PERIOD: _____ FROM: ____/____/____ TO ____/____/____
Please specify Fall, Winter, Spring or Summer YEAR MONTH DAY YEAR MONTH DAY

 Applicant's signature Date

If you require assistance completing the form please call the Post-Secondary Office at (306) 697-2831 Ext. 114. Remember your signature and the date of application are required. Completed applications can be faxed to (306) 697-3565, or e-mailed to postsec@sakimay.ca, or mailed to: Sakimay First Nations, Advanced Education, P.O. Box 339, Grenfell, Saskatchewan, S0G 2B0.

Please attach Institutions' letter of acceptance, class list for the application term and transcripts/marks from previous course or term.

ANNUAL DEADLINE DATES TO REMEMBER:

FALL SEMESTER DEADLINE - JUNE 30TH
WINTER SEMESTER DEADLINE - OCTOBER 31ST
SPRING AND SUMMER DEADLINE - FEBRUARY 28TH
 Students must reapply prior to deadline dates every semester.

**AUTHORIZATION FOR
THE RELEASE OF INFORMATION**

To Whom It May Concern:

I, _____ student identification number _____
authorize the Advanced Education Department, Sakimay First Nations, to have access to
information regarding my academic records, attendance records and any other information they
may require to justify continued financial support. This authorization includes the access of
information using my student password to access my account at the Institution's website.

Institution Name: _____

Address: _____

Institution Website: _____

Student Name: _____

(please print)

Signature: _____

Witness: _____

Date: _____

**All information will be kept confidential by Sakimays First Nation Advanced Education
Department.**

DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize the Advanced Education Department of Sakimay First Nations to initiate automatic deposits to my account at the financial institution named below.

This agreement will remain in effect until the Advanced Education Department receives a written notice of cancellation from me, or until I submit a new direct deposit form.

Student Information

Student Name: _____

Social Insurance Number: _____

Account Information

Name of Financial Institution/Bank: _____

Address: _____

Telephone Number: _____

Branch Number: _____ Transit Number: _____

Account Number: _____

Signature

Authorized Signature

Date