



## Sandy Bay Post-Secondary Program

*An application will not be considered if the applicant has made prior arrangements and has attended a post secondary institution on his/her own. Any commitments made to any organization without prior written approval and/or application will be the student's own responsibility.*

*To help you with your application, you can go through these steps with the application procedure.*

- *Apply to the College or University of your choice. (at your own expense)*
- *Apply to the Post-Secondary Program for Sponsorship. "Post-Secondary Application Form" Complete form and return to the address above with all the required documentation. (As listed on application form)*
- *Your treaty status and information is then verified and checked for sponsorship eligibility.*
- *You will be informed by the Post-Secondary Counselor as to the status of your application.*
- *If at anytime the information you give is false that will be grounds for your application being suspended or denied.*

*If you require additional information, feel free to contact me at the above number.*

*Yours truly,*



*Gloria Beaulieu*

*Post Secondary Counselor*

*Sandy Bay Post Secondary Program*

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**For the period I am applying for sponsorship my spouse:**

Will live with me: Yes \_\_\_ No \_\_\_

Will be a student: Yes \_\_\_ No \_\_\_ Will be employed: \_\_\_\_\_

If yes state spouse's funding source: \_\_\_\_\_

<i>Dependants Name</i>	<i>Birth date</i>	<i>Lives with me</i>
1. _____	_____	Yes ___ No ___
2. _____	_____	Yes ___ No ___
3. _____	_____	Yes ___ No ___
4. _____	_____	Yes ___ No ___
5. _____	_____	Yes ___ No ___
6. _____	_____	Yes ___ No ___

I hereby make application to attend: \_\_\_\_\_

At City/Town/Province: \_\_\_\_\_

Program/Degree: \_\_\_\_\_

Fall: \_\_\_ Winter: \_\_\_ Spring: \_\_\_ Summer: \_\_\_ (check one only, you must re-apply for each term)

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**PLEASE PRINT CLEARLY, ALL QUESTIONS MUST BE ANSWERED.**

Have you or will you be graduating from Grade 12: Yes \_\_\_\_ School: \_\_\_\_\_

No \_\_\_\_ Year: \_\_\_\_\_

Have you been previously sponsored by the S. B.P.S.P: Yes \_\_ Program: \_\_\_\_\_

No: \_\_\_\_ Year(s):-

If yes, did you complete the program?: \_\_\_\_\_

If No, What was the reason for non-completion of program? \_\_\_\_\_

Have you ever been academically suspended from a program? \_\_\_\_\_

If yes, what was the reason for the suspension? \_\_\_\_\_

**I hereby undertake the following as conditions for sponsorship by the Sandy Bay Post-Secondary Program.**

- **To attend all scheduled classes, tutoring sessions and learning assistance programs.**
- **To consult with my Counselor if any problems arise academically, emotionally, physically or financially.**
- **To adhere to school regulations and meet the academic requirements for continuation of my course of studies.**
- **To provide a transcript of marks and reports to S. B. P.S.P. after each term.**
- **To adhere to sponsorship rules and regulations stated in the S.B.P.S.P. Student Handbook.**
- **To consult with my Counselor of any changes of residence, dependents, etc.**

***I declare that the information provided by me on the application form is complete and correct and is given in order to substantiate my entitlement for Educational Assistance. I hereby agree to advise the Sandy Bay First Nation Post-Secondary Program of any change in dependency, income from either work or social assistance for myself or my spouse as these items may affect Educational Assistance rates.***

# Sandy Bay Post-Secondary Program

***I further authorize the release of information from First Nations Social Service Agencies, or Provincial Security, to Sandy Bay First Nation Post-Secondary Program to obtain any information required to determine my and/or dependants eligibility for Educational Assistance. I also give permission for S.B.P.S.P. to verify or confirm with any source the correctness and accuracy of the information contained in this application. .As well, I do hereby give permission to S. B.P.S. P. to disclose any information regarding my student sponsorship to the appropriate authorities at the local First Nations (i.e.: Social Assistance worker).***

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

## **APPLICATION WILL NOT BE CONSIDERED UNLESS ACCOMPANIED BY THE FOLLOWING DOCUMENTS.**

- 1. Letter of Acceptance, from Educational Institution Course Outline or Registration.***
- 2. Program Costs: Tuition and Books.***
- 3. Latest Transcripts or Grades***
- 4. Certificate of Indian Status Card (photocopy of both sides)***
- 5. Medical Health Card (photocopy of both sides)***
- 6. Medical Health Card of Spouse (photocopy of each side) If claiming spouse.***
- 7. A 1 page Education Plan outlining your education goals and length of time it will take you to complete the program,***