

Part C: FAMILY STATUS

Residence: On Reserve Off Reserve

Marital Status: Single Single Parent Married Common Law

Spouse: _____

Children's Name (s)	Age/DOB	Does he/she live with you?		Treaty Number
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	3700
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	3700
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	3700
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	3700
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	3700
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	3700

PART D: ASSISTANCE REQUIRED

Full Time Part Time

Institution: _____

Location: _____

Program: _____

Date from: _____ to: _____

Program Length in years _____ I am now in year _____ of _____

Self-Assessment required for continuing Sponsorships

How did your academic year go for you? **IMPORTANT! New Applicants disregard.**

What went well for you this term? **IMPORTANT! New Applicants disregard.**

What was the biggest challenge that you've faced? and how did you deal with it? **New Applicants disregard.**

How did last year contribute to the fulfillment of your overall academic plan? ***New Applicants disregard.***

Identify one area you need help to succeed next year. ***New Applicants disregard.***

PART E: DECLARATION/DISCLOSURE

I hereby undertake the following as CONDITIONS OF SPONSORSHIP by the James Smith Cree Nation Post-Secondary Support Program for the duration of my program

1. I will re-apply each year for sponsorship before May 15 each year
2. I will fill out the application check list attached, along with the application
3. I agree to consult with my sponsor (JSCN PSSSP) if I encounter any academic, (ex. dropping classes) emotional or physical problems.
4. Where available, I will register with the Aboriginal Students Services.
5. I agree to attend classes 100% of the time, unless I have a valid reason for not attending
6. I am aware that students that breach their obligations are ineligible from applying to the JSCN PSSSP for two years
7. Any overpayment requires full payback for future funding considerations.
8. I will complete my program in the minimum required amount of time.
9. I agree to have the JSCN PSSSP access my progress info from the Institution I am attending and will provide access codes to do so.
10. I understand an "Institutional letter of acceptance" does not guarantee JSCN PSSSP sponsorship.
11. I will **submit at least 3 passing marks minimum** in December prior to receiving January student allowance.
12. I must submit class registration and class schedules prior to receiving student living allowance, (usually for Fall and Winter semesters)
13. I will submit my academic advisors name prior to Sept 1st fall semester start date and the "Release Waiver Form" it is my duty to ensure I sign one and send to the director.
14. I will keep a copy of this application for reference and agree to carry out these responsibilities.

Signature: _____

Witness: _____

Date: _____
 year month day

Institutions that have their own forms are: U of AB; SIAST; Lakeland College (please enquire as there may be others) *send your consent here for your records.

PART F: JSCN PSSSP MESSAGE

Selected JSCN PSSSP students are deemed to be mature and possess the required skills to successfully pursue and achieve further education. Therefore, barring unfortunate circumstances, the onus is on the student to succeed and is required to finish their courses in the minimum required amount of time. If extended time is needed to complete program, letter must be provided to director.

Too often, when a student fails the student, some parents, spouses, or others blame the JSCN PSSSP. However, the JSCN PSSSP cannot attend classes regularly, complete the required assignments, submit proper position and research papers when due, study for examinations, ensure proper nutrition and rest are met and write and pass exams.

Please budget the student allowance intended for education purposes only.

The JSCN PSSSP budget is intended to sponsor as many qualified students as possible. All sponsored students are role models for other students, their band and the program. The ideal outcome of the JSCN

PSSSP is to have all sponsored students succeed and accommodate others that are waiting as every year there is a waiting list.

Completed applications must include the following Required Documentation:

- 1. Completed Post-Secondary application form**
- 2. Signed release of authorization form**
- 3. Signed First Nation student contract**
- 4. Students must write a detailed education plan (my education plan includes my career plan once I get my degree).**
- 5. Status card (photo copy of card)**
- 6. Dependent Child Verification (Revenue Canada Letter or School Age Registration)**
- 7. Institute acceptance letter**
- 8. Program/ Course information. This is the list of classes you need for your program field of choice (program has entrance requirement of Grade 12, ABE 12, Adult 12 or GED) and is totalling up to 8 months or longer)**
- 9. Students must provide name of academic advisor no later than September 1 prior to the beginning of the 1st semester and tracking sheet of classes require for program certifications**
- 10. Grade 12, ABE 12, Adult 12, GED 12 Marks and recent University/College Transcripts**
- 11. Final Registration (official form from institution listing classes in which you will be enrolled)**

I understand the following conditions to adhere to the school regulations by the James Smith Cree Nation Post-Secondary:

1. I will accept the responsibility to adhere to the **institute** regulations and meet the standards required by the **institute** as a condition of James Smith Cree Nation Post-Secondary Student Support Program sponsorship.
2. I agree to attend class regularly.
3. I agree to consult with the **Post-Secondary Director** of my program if any problems arise academically, emotionally, physically, and financially.
4. I agree to provide my marks and reports on a semester by semester basis to the Post-Secondary **Director** either digitally emailed or faxed.
5. I agree to report any changes to my student and/or program status promptly. I understand that it is a serious matter to provide false information and/or fail to report any changes in the information provided.
6. I authorize the Post-Secondary Student Support Program **Director** to obtain information from persons, agencies or organizations to determine and/or verify my eligibility for benefits or services under the Post-Secondary Student Support Program.
7. I declare that all information provided is true and complete.
8. I understand I have a right to appeal any decision made with respect to my application for sponsorship in accordance with Post-Secondary Student Support Program policies.

I hereby agree to the terms/conditions for financial assistance that I have read above.

Student Name:

Student signature _____ Date _____