



TATASKWEYAK CREE NATION
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POST-SECONDARY APPLICATION FORM

FOR OFFICE USE ONLY
FILE NO. _____
<input type="checkbox"/> NEW <input type="checkbox"/> RETURNING
DATE OF APPLICATION ____/____/____ M D Y

TO APPLICANT:

Failure to complete your application properly will delay processing of your sponsorship.

- A. Sections 1, 2, 3, 8, 9, and 11 must be filled out by all applicants.
- B. Section 10 must be filled out by those claiming dependents.

SECTION 1. IDENTIFICATION

_____	_____	_____	_____
Last Name	First	Second	Third
_____	_____	_____	_____
Treaty No. (10 digits)	Band	Birth Date	MONTH / DAY / YEAR

SECTION 2. APPLICATION

I hereby make application for assistance:

To attend:

Name of Educational Institution _____
 Address of Institution _____
 City/Town _____ Province _____

To enroll in:

Course _____ Major _____
 From (starting date) _____ To (ending date) _____
 M D Y M D Y

List of subjects to be taken:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Letter of acceptance must be attached! If not, state reason

SECTION 3. DECLARATION

I undertake the following as conditions for sponsorship by the Student Services. All information will be held in strict confidence and without prejudice.

- To attend classes regularly and consistently.
- To consult with my Home/School Co-ordinator or Counsellor if any problems arise academically, emotionally, physically or financially.
- To adhere to school regulations and meet the standards required by the school for continuation in my course of studies.
- To provide my marks and reports to the Student Services upon the request of my Counsellor or Home/School Co-ordinator.
- To adhere to any rules and regulations as may from time to time be advised to me by the Student Services.

I have read this application for educational assistance and agree to the conditions as outlined in Sections 1, 2 and 3.

DATE: _____ SIGNATURE: _____
 M D Y

SECTION 8. PERSONAL INFORMATION

1. Full Name: _____

2. Band: _____ 3. Treaty No: _____ (10 digits) 4. Date of Birth: _____ M / D / Y

5. Usually Live On Reserve or Off Reserve

6. Social Insurance #: _____ 7. Medical #: _____

8. Marital Status: _____ 9. Maiden Name: _____ (If Applicable)

10. Permanent Home Address: _____
Street Address

Reserve/Town/City Province Postal Code

Telephone No. _____
Email Address _____

11. Current Mailing Address: _____
 (If different from above) Street Address

Reserve/Town/City Province Postal Code

Telephone No. _____
Email Address _____

12. Name of Next of Kin: _____
 Address: _____
Street Address

Reserve/Town/City Province Postal Code

Telephone No. _____
Email Address _____

SECTION 9. ACADEMIC HISTORY

1. Last High School Attended:
 Name of High School _____
 Location: _____ City/Town Province Year: _____
 Grade Level or Diploma: _____ Completed? Yes or No

2. Last Post-Secondary Institution Attended:
 Name of Institution: _____
 Location: _____ City/Town Province Year: _____
 Degree/Diploma: _____ Completed? Yes or No

3. Other Post-Secondary Institutions Attended:

Name	Location	Year	Course	Degree/Diploma
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION 10. FAMILY INFORMATION

(To be completed by students claiming dependents)

1. Spouse's Name: _____ Spouse's Maiden Name: _____

2. For the Period I am applying for financial assistance, my spouse:

A. Will live with me _____ Yes _____ No

B. Will be a full-time student _____ Yes _____ No

C. Will be employed full-time _____ Yes _____ No

1. Dependents

NAME	BIRTH DATE	LIVES WITH YOU? (While in School)	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Date: _____ Signature: _____

