



FISHER RIVER STUDENT SERVICES

Box 368

Koostatak, Manitoba

ROC 1SO

Phone: (204) 645-2116

Fax: (204) 645-2788

APPLICATION FOR EDUCATIONAL ASSISTANCE

STUDENT INFORMATION

Treaty Number (10 digit)

2 6 4 0

Birth Date (yy/mm/dd)

Social Insurance Number

Status (check one)

Continuing Student

Deferred student

Previously funded student - successful

Grade 12 student

New Student

Previously funded student - unsuccessful

Documents To Be Included

Latest Transcript

Acceptance Letter

Electronic Funds Form

Program Description

Course List

i.e. banking information

Tuition & Book Costs

Surname: _____ First Name: _____ Second Name: _____

Address: _____ City/Province: _____ Postal Code: _____

Phone #: _____ Cell #: _____

E-mail: _____ Emergency Contact & Phone #: _____

STUDENT PROFILE

Sex: M _____ F _____
 Marital Status: Single _____ Common Law/Married _____

Spouse Name: _____ Spouse Treaty #: _____
 Will be a full time student - Source of Income (i.e. EI) _____
 Will be employed - If employed, state monthly income _____
 Is unemployed, I will claim them as a dependent

Please list all Dependent Children who live with you during period of sponsorship (If more space needed, please list separately)

Name	Date of Birth	Grade	School	Treaty Number

EDUCATION PLAN

Program or Course: _____ Current year of study (e.g. 1 of 3) _____ of _____

Institution Name: _____ City: _____ Province: _____

Attendance	Academic Period	Program Start/End	Length of Program	Graduation Date
Full time _____	Fall _____ Winter _____	Start: ____ / ____ / ____	_____	____ / ____ / ____
Part time _____	Spring _____ Summer _____	End: ____ / ____ / ____	_____	_____

Deadline date for Spring/Summer session is February 28th
 Deadline date for Fall/Winter academic year is May 15th
 Please ensure your application is accurate and complete - late & incomplete applications will not be accepted.

EDUCATION HISTORY

Did you obtain a Regular Grade 12 Diploma? Yes ___ No ___ **OR** Graduate as a Mature Student? Yes ___ No ___
Year of Graduation: _____ If not, what grade did you finish? _____

Post Secondary Background

Please list all education/training experience

Institution	Program	Year	Level/Credits Completed	Sponsored By

Statement Of Interest

Give a brief statement of your career plans, why you are interested in the program, what have you done to pursue your interest in this field, your expectations from the program and how it will help you achieve your careers goals.

THIS SECTION MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.

The following questions will help us in determining your eligibility for Employment & Training sponsorship

Please answer each question:

- 1) Are you presently employed? Yes ___ No ___
- 2) If you are not employed, are you in receipt of EI benefits? Yes ___ No ___
- 3) If you receive EI, please state your weekly benefit rate: _____
- 4) Please indicate your EI expiry date: _____
- 5) Have you been on EI Benefits in the last 3 years? Yes ___ No ___
- 6) Have you been on an EI maternity/paternity claim in the last 5 years? Yes ___ No ___
- 7) Do you have enough hours to draw EI benefits? Yes ___ No ___
- 8) If you are not on EI, are you in receipt of social assistance? Yes ___ No ___
- 9) Are you presently residing off reserve and if so for how long? _____

Release of Information

I, the undersigned, authorize _____ (name of institution) to release my student history, i.e. attendance, progress, copies of transcripts, current course registrations, etc., to my sponsoring agency, Fisher River Student Services, effective immediately.

My Student Number: _____

This policy is in recognition of _____ (name of institution) policy which protects confidentiality of student histories.

Signature of Student

Date

I understand the following conditions for sponsorship by FISHER RIVER STUDENT SERVICES

1. To attend classes regularly
2. To consult with Post Secondary Student Services if any problems arise academically, emotionally or financially.
3. To meet the standards required by the institution for continuation in my program of studies.
4. To provide my marks, transcripts and reports to the Fisher River Student Services upon request.
5. To adhere to any rules and regulations as may from time to time be advised to me by the Post Secondary Student Services.
6. To accept responsibility for satisfying the academic or training requirements of the above institution and managing the educational assistance funds to the best of my ability.

I HAVE READ this application for educational assistance AND AGREE to the conditions as outlined.

Signature of Student

Date

Signature of Parent, if applicant is under 18 years of age