



# Post-Secondary Education Program

APPLICATION FORM  
FOR  
POST-SECONDARY EDUCATIONAL ASSISTANCE

Box 480  
La Ronge, SK S0J 1L0  
Phone: (306) 425-4938  
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**Incomplete applications will not be considered.**

***\*\*Financial assistance must be applied for every year\*\****

**LAC LA RONGE INDIAN BAND**  
**APPLICATION FOR POST-SECONDARY EDUCATIONAL ASSISTANCE**

**A. ELIGIBILITY**

1. The student must be a member of the LLRIB. This includes Bill C-31 students.
2. The student must have met entrance requirements and been accepted for enrollment in a recognized post-secondary institution for a program of studies.
3. The student must be enrolled in a program of at least 8 month duration that leads to a recognized certificate, diploma, or degree and which normally has grade 12 or its equivalent as an entrance requirement.
4. Support will be provided within the limits of funds available in accordance with LLRIB funding arrangements. If demand for funding exceeds availability, applications will be deferred according to the prioritization rules set out in Section 4.0 in the Post Secondary Student Support Program Operating Guidelines.
5. Applications must have been received at the LLRIB Post Secondary Education and Employment Branch office by the deadline dates:  
Application Deadlines:  
For September enrolment: May 31  
For January enrolment: October 15  
For Intersession/Summer Session enrolment: March 31

**B. TYPES OF ASSISTANCE**

1. Tuition, Books & Supplies – Student's tuition will be paid. Students will receive funds for textbooks and supplies, which are listed as required by the institution of study.
2. Living Allowance – Allowances will not exceed the amount set out by the budget. Where students attend a foreign institution, this will not exceed maximum levels in Canadian funds.
3. Travel – Students may be granted a travel grant, if they are required to live away from their permanent place of residence. Out of province students will receive travel support at the same rate they would if they were attending the provincial public post-secondary institution nearest to their permanent home offering a comparable program.
4. Part-time Students - May receive assistance for tuition and the cost of books and supplies as noted above, which are listed as required by the institution enrolled in.

**C. LIMITS OF SUPPORT**

Support for travel and living expenses will be provided for four levels of post-secondary education. Duration of support is limited according to the level of program the student is enrolled in.

Level I Technical Institute or Community College diploma or certificate program: 1 to 2 academic years depending on the institution's normal program duration.

Level II University or College Entrance Preparation programs: maximum of 2 semesters.

Level III University Undergraduate Programs (i.e. – B.A., B.Ed., B. Science): Maximum of 4 academic years depending on the university's normal program duration.

Level IV I) University Professional Programs (i.e. – M.D., L.L.B.): duration of support will be in accordance with the University's normal program duration.

II) Post Graduate Programs (i.e. – M.Ed., M.A., PH.D.): maximum of 2 academic years depending on the University's normal program duration. All applicants will be dealt with on an individual basis.

**Privacy Act Statement**

The information you provide on this document is for the purpose of resourcing and administering post-secondary student financial assistance. Personal information that you provide is protected under the provision of the Privacy Act.

Documentation attached, please check off:

- A copy of your Grade 12 marks (official transcript required)
- A copy of your Treaty Card
- A copy of your Hospitalization Card (for you and your dependents that you are claiming)
- A copy of your letter of acceptance from the post-secondary institutions.
- A copy of your class registration.

Have you previously received funding from the Post Secondary Student Support Program?  Yes  No  
If yes...

For what program of studies? \_\_\_\_\_  
For what year of studies? \_\_\_\_\_

**PART A: STUDENT INFORMATION**

Last Name:	First Name	Initial/Middle Name	Alias
Treaty#: 3530 ___ 0	Date of Birth: M ___ D ___ Y ___	Sex: Male or Female	Student #: _____
Residential Address (i.e.: parents):	City / Town	Prov.	Postal Code
Current Mailing Address:	City / Town	Prov.	Postal Code
E-mail Address	SIN#:	Phone#:	( ) _____ - _____
Contact Person: _____	Phone # for contact: ( ) _____ - _____		

Do you usually live  On Reserve  Off Reserve  
 If living on reserve, what is the name of your community? \_\_\_\_\_

**PART B: FAMILY STATUS**

Marital Status:  Single  Single Parent  Married  Common-law  Divorced  
 Spouse's Name \_\_\_\_\_ Spouse's Treaty #/Band: \_\_\_\_\_  
 Is your spouse currently employed?  Full-time  Part-time  Social Assistance  EI  Other: \_\_\_\_\_

Name/Treaty#	Age	Does he/she reside with you?	Comments: <i>I.e.: Paying child maintenance.</i>

**PART C: PREVIOUS EDUCATION AND TRAINING**

School/ Training	Name	Location	From	To	Program Completed? YES/NO	Certificate/Diploma Or Degree Received
High School:						
Comm. College:						
Tech. Institute:						
University:						

**PART D: PROGRAM OF STUDIES**

Program/Course of Study:	Institution:	Institution Location:
Type of Institution: <input type="checkbox"/> University Entrance <input type="checkbox"/> University Bachelor <input type="checkbox"/> Technical <input type="checkbox"/> University PH.D <input type="checkbox"/> Community College <input type="checkbox"/> College Preparation <input type="checkbox"/> Private Institution <input type="checkbox"/> Other		For Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Intersession <input type="checkbox"/> Winter <input type="checkbox"/> Summer Session <input type="checkbox"/> Fall/Winter
Program Length:	Year of Study	Start Date
Graduation Date		Attendance: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Institution Acceptance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

**PART E: STUDENT'S APPROVAL**

- I hereby authorize that the information concerning my academics can be released upon request to the Lac La Ronge Indian Band – Post Secondary Student Support Program.
- I will complete a student monitoring report signed by an education counsellor at my institution of study.
- I will accept responsibility to complete and satisfy the academic requirements at my institution of study.
- I will provide a transcript of marks to the Lac La Ronge Indian Band – Post Secondary Student Support Program after each semester of study.

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

**STUDENT CONTRACT**

I understand the following conditions apply to my sponsorship by the Lac La Ronge Indian band for post secondary studies;

1. I have read and accept LLRIB Post Secondary Student Handbook.
2. I will accept the responsibility to adhere to the Post Secondary Institution regulations and meet the standards required by the school for continuation in my course of studies.
3. I agree to attend classes regularly.
4. I agree to consult with the counsellor of my program if any problems arise academically, emotionally, physically and financially.
5. I agree to provide my marks and reports on a semester by semester basis to the Post Secondary Student Support Program office.
6. 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 to report any change in the information provided.
7. **I authorize the Post Secondary Student Support Program staff 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.**
8. I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true and knowing that it is the same force and effect as if made under oath.
9. I understand that I have a right to appeal any decision made with respect to my application for sponsorship in accordance with Post Secondary Support Program policies.

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

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Student Number \_\_\_\_\_  
Program and Institution Name

\_\_\_\_\_  
Student Name (Please Print) \_\_\_\_\_  
Treaty Number

Year of Study 20\_\_\_\_\_ to 20\_\_\_\_\_

## STATEMENT OF FINANCIAL RESPONSIBILITY

I, \_\_\_\_\_ (name of spouse) certify that I  
am a fully-dependant spouse of \_\_\_\_\_ (name  
of student).

\_\_\_\_\_ I am not receiving income from any other source.

\_\_\_\_\_ I am not working full-time.

Social Insurance Number: \_\_\_\_\_

Treaty Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

***\* Please include a copy of the Revenue Canada Assessment for spousal eligibility.***