

CONTRACT BETWEEN OCHAPOWACE EDUCATION AND THE STUDENT

1. I authorize the Ochapowace Education to obtain information from persons, agencies or organizations to determine and /or verify my eligibility for benefits or services under the Post Secondary Student Assistant Program
2. I agree to consult with the post secondary counsellor regarding these issues.
 - academically, emotionally, physically, or financially
 - provide my marks and reports on a semester by semester basis
 - to report any changes regarding my application such as: marital status, number of dependants

I understand it is a serious matter to provide false information and that failure to report any of these changes will have impact on my funding

3. I will accept the responsibility to adhere to the school regulations and meet the standards required by the school for the continuation of my studies
4. I understand I have the right to appeal any decisions made with respect to my application for sponsorship
5. I understand that Verbal Abuse/Cyber Bulling will not be tolerated and may jeopardize my application for sponsorship

I have read and understood the above conditions for sponsorship by Ochapowace Education for Post Secondary Studies and do hereby agree

Signature

Date

I hereby agree, as a sponsor, to provide all moral support and encouragement that may be needed by this student to complete his/her studies.

Signature – Post Secondary Counsellor

Date