

OCHAPOWACE NATION POST-SECONDARY EDUCATION APPLICATION

A. PERSONAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____

MALE FEMALE DATE OF BIRTH (M/D/Y): _____

SIN #: _____ STATUS #: _____

EMAIL ADDRESS: _____

PHONE #: _____ CELL #: _____

STUDY ADDRESS: _____

PERMANENT ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

B. DEPENDENTS:

DEPENDENT NAME	DATE OF BIRTH (M/D/Y)
_____	_____
_____	_____
_____	_____

B. ALTERNATE CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____

EMAIL ADDRESS: _____

POST-SECONDARY EDUCATION PLAN

"Education is the new buffalo. Today for survival, education is the new provider."

Wanting to further your education? There are many post-secondary institutions that offer a number of programs for you to consider in your educational pursuit. There are some things you will need to reflect on when making your decision; things like ‘**What is important to you?**’, ‘**What are your goals?**’, and ‘**What are your interests?**’, just to name a few. Once you have made a decision of what program and school you would like to attend, the first thing you need to do is obtain all the information regarding both.

I have met with a career counsellor regarding my education and career goal.

CAREER COUNSELLOR: _____

INSTITUTE/EMPLOYMENT CENTRE: _____

PHONE #: _____

C. EDUCATION AND TRAINING

	SCHOOL NAME	YEAR COMPLETED	CERTIFICATE/DIPLOMA
SECONDARY (High School)	_____	_____	_____
ADULT BASIC EDUCATION	_____	_____	_____
G.E.D.	_____	_____	_____
TECHNICAL INSTITUTE	_____	_____	_____
COLLEGE/UNIVERSITY	_____	_____	_____

D. NEW INSTITUTION INFORMATION

INSTITUTE NAME: _____

PROGRAM NAME: _____

START DATE: _____ EXPECTED DATE OF **GRADUATION** _____

**OCHAPOWACE NATION POST-SECONDARY EDUCATION
&
POST-SECONDARY STUDENT**

1. I authorize Ochapowace Nation Post-Secondary Education access to obtain information from persons, agencies, or organizations, to determine and/or verify my eligibility for benefits or services under the Post-Secondary Student Assistance Program.
2. I agree to consult with the Ochapowace Post-Secondary Education Manager regarding the following:
 - Report any changes regarding my application, e.g. address, email, phone number, dependents, etc;
 - Any academic, financial, emotional, or physical concerns that may affect my studies;
 - Upon completion of each term/semester, submit my marks in order to continue my sponsorship;
 - Any changes to my academic course load

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

3. I accept the responsibility to adhere to the institutes regulations and will meet the standards required by the institute for the continuation of my studies.
4. I understand that I have the right to appeal any decisions made with respect to my application for sponsorship.
5. I understand that verbal abuse and 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 Nation Post-Secondary Education, and do hereby agree.

STUDENT NAME (Print)

STUDENT SIGNATURE

DATE