

# OCHAPOWACE NATION

## POST-SECONDARY EDUCATION APPLICATION

### A. PERSONAL INFORMATION:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

☐ MALE ☐ FEMALE DATE OF BIRTH (M/D/Y): \_\_\_\_\_

SIN #: \_\_\_\_\_ STATUS #: \_\_\_\_\_

STUDY ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### B. DEPENDENTS:

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

### C. ALTERNATE CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## POST-SECONDARY EDUCATION PLAN

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 #: \_\_\_\_\_

### **D. PREVIOUS EDUCATION AND TRAINING**

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

### **E. INSTITUTION INFORMATION**

INSTITUTE NAME: \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

EXPECTED DATE & YEAR OF GRADUATION: \_\_\_\_\_

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**AGREEMENT BETWEEN  
OCHAPOWACE NATION POST-SECONDARY EDUCATION  
AND  
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:
  - 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;
  - Report any changes regarding my application - number of dependents, address, phone number.
  - Any changes to my academic course load (not including First Year Students, First Semester).

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 school regulations and will meet the standards required by the school 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-bullying 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.

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**STUDENT NAME (Print)**

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**STUDENT SIGNATURE**

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**DATE**