

**OCHAPOWACE NATION
POST-SECONDARY EDUCATION
APPLICATION
NEW APPLICANTS**

All information gathered is kept confidential. No access to gathered information will be shared without the consent of the student. Privacy is very important and highly regarded. All information will be kept under lock and key.

You must provide all the following:

- Page 1 – Post-Secondary Education Application
- Page 2 – Post-Secondary Education Plan
- Page 3 - Achieving Your Goals
- Page 4 – Institutes Authorization Form – 3rd party form
- Page 5 – Authorization Release Form
- Page 6 and 7 – Ochapowace and Student Agreement

A. PERSONAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____

MALE FEMALE DATE OF BIRTH (MM/DD/YYYY): _____

STATUS #: _____

EMAIL ADDRESS: _____

PHONE#: _____ CELL #: _____

STUDY ADDRESS: _____

PERMANENT ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

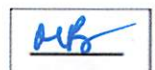
B. ALTERNATE CONTACT INFORMATION (REQUIRED)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

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 #: _____

C. EDUCATION AND TRAINING

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

D. NEW INSTITUTION INFORMATION

INSTITUTE NAME: _____

PROGRAM NAME: _____

START DATE: _____ EXPECTED DATE OF GRADUATION: _____

REQUIRED INSTITUTES AUTHORIZATION FORM – 3rd party form

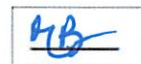
This is a requirement for all Ochapowace Post-Secondary Students. This form allows our Post-Secondary Coordinator to access your marks and tuition amount. This is a requirement of all students to access this from the registrar's office. Once done, send this form to the Post-Secondary office as well institute's registrars office.

Each university will have their own 3rd party release of information form.

Once this is filled out, send this to the Post-Secondary Education Co-ordinator. Your funding can be held up, if this is not submitted to the office.

Confidentiality as per policy will apply.

Joy's email: joy.starr@ochapowace.ca





OCHAPOWACE NATION POST-SECONDARY EDUCATION

PO Box 550, Whitewood, Saskatchewan, S0G 5C0
Phone: 306.696.3173, Fax: 306.696.2617, Email: postsecondary@ochapowace.ca

AUTHORIZATION RELEASE FORM

TO THE OFFICE OF THE REGISTRAR:

NAME OF INSTITUTION: _____

ADDRESS: _____

CITY & PROVINCE: _____

POSTAL CODE: _____

My signature below authorizes you to release my academic and financial records to the Ochapowace Nation Post-Secondary Coordinator. This authorization shall be valid for the duration of my program. Confidentiality as per policy will apply.

PROGRAM NAME: _____

STUDENT NAME (Print)

STUDENT SIGNATURE

STUDENT NUMBER

DATE



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

OCHAPOWACE AND STUDENT AGREEMENT
OCHAPOWACE NATION POST-SECONDARY EDUCATION
&
POST-SECONDARY STUDENT

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

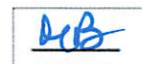
I understand it is a serious matter to provide false information and that failure to report any of these changes will have an impact on my sponsorship.

3. I accept the responsibility to adhere to the institute's 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 the process regarding decisions made with respect to my application for sponsorship.
5. I understand that verbal abuse and cyber-bullying will not be tolerated, and Section 19.1 will be applied.

"Section 19.1 - There will be no VERBAL ABUSE/CYBER BULLYING towards the Ochapowace Post-Secondary Staff. Any abuse will be reported to the Director of Education with a written incident report. The incident report will be reviewed and investigated depending on the severity of the abuse. Threats will be reported to the police. Funding will be suspended until the investigation is completed.

"Students who post negative social media in regard to the Ochapowace Nation Education Department or the Ochapowace Administration will be reported to the Director of Education and Senior Officials for review (i.e., Facebook, Instagram, Snapchat, Twitter and all other social media platforms.)

- Upon review a warning will be issued to the student.
- If negative social media is not corrected, the student(s) funding will be suspended or terminated.



- Ochapowace Nation appeal policy procedures must be followed by all parties”

6. Ochapowace Education agrees to provide student support as laid out in Ochapowace Education policy under Section 14.4 Post-Secondary Coordinator Support Services.

I do hereby agree that this will be enforced throughout the duration of your program.

STUDENT NAME

STUDENT SIGNATURE

DATE

