



## Whitefish Lake First Nation #459

### APPLICATION FOR POST – SECONDARY FUNDING

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#### STUDENT IDENTIFIER:

Active Student: \_\_\_\_\_ From UCEP: \_\_\_\_\_ Re-enrollment: \_\_\_\_\_ New Enrollment: \_\_\_\_\_

Application Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Indian Registry Number: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

#### BASIC STUDENT INFORMATION:

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Residence: On Reserve: \_\_\_\_\_ Off Reserve: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

#### Education plan

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Program Type: UCEP: \_\_\_\_\_ Certificate: \_\_\_\_\_ Diploma: \_\_\_\_\_ Degree: \_\_\_\_\_ P.G: \_\_\_\_\_

Program Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Location: \_\_\_\_\_ Length of Program: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Graduation Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_

Institutional Acceptance: First: \_\_\_\_\_ Continued: \_\_\_\_\_ Conditional: \_\_\_\_\_

Program Date: From: \_\_\_\_\_ To: \_\_\_\_\_

## STUDENT CONFIRMATION OF APPLICATION

I can confirm the information presented above and in support of this application is true to the best of my knowledge. I understand that continued support by Whitefish Lake First Nation \$459 rests on the accuracy of this documentation, as well as my performance in my selected program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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

Student Number (If known): \_\_\_\_\_

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## EDUCATION DEPARTMENT USE ONLY

Date Application Received: \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_

Date of Conference: \_\_\_\_\_

Chief and Council Meeting Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Date Student Advised of Decision: \_\_\_\_\_

## POST SECONDARY EDUCATION PROGRAM BUDGET PREPARATION SHEET

### Instructions:

Please complete the following sheet and return it with the application to the Whitefish Lake First Nation #459 Education Department no later than the deadline date of May 15<sup>th</sup>

1. Name: \_\_\_\_\_
2. Institution: \_\_\_\_\_
3. Funding Application for (Circle One)      FIRST TIME      CONTINUING
4. Residence while attending school: \_\_\_\_\_
5. Program will last: \_\_\_\_\_ Years      This is my \_\_\_\_\_ year of my program
6. Will practicum travel be required this year (circle one):    Yes      No
7. Circle one: Married      Single
8. If married, state spouse's employment: \_\_\_\_\_
9. Number of dependent children in the household: \_\_\_\_\_
10. Tutoring costs: \_\_\_\_\_ (Documentation Required)

Dependent Name	Date of Birth

## BANKING INFORMATION

Bank:

Branch#:

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Institution #:

\_\_\_\_\_

Account #:

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**Please Include a Short Paragraph on Your Education Goals:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.



# Whitefish Lake First Nation #459

## Authorization For Release of Student Information

PERSONAL DATE

Name:

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Educational Institution: 

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Program/Course: 

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Year: 

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Please release my information regarding educational progress, financial information relating to payment of tuition, fees and admission/withdrawal status to the Educational staff.

This information is to be given to the following only:

1. Anna Okemow, Director of Education

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- 2.

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I give my consent/permission for the disclosure of this information voluntarily. I am aware that I may revoke my consent at any time by doing so in writing to the college or to my sponsoring agency Whitefish Lake First #459 Education Department. If the institution requires their own forms for this process, I agree to processing the forms and sending a copy back to the Director before the program's commencement date.

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Student: Print Name

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Signature

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Date