



# Whitecap Dakota First Nation Post Secondary Education Program

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## Post Secondary Education Assistance Application Form

*The Whitecap Dakota First Nation Post Secondary Education Assistance form is required of each applicant. This form is required to collect personal information and documentation for eligibility purposes. Please complete sections A, B, C and D. The **Student Guidelines Form** must be submitted with the **WDFN Application Form** (first year applicants and a returning student form are available) they are available online or at the band office. For additional information regarding guidelines, please review the **WDFN Post Secondary Education Policy**.*

**PART A – Personal Data**

1. Applicant must be of member of the Whitecap Dakota First Nation and have a status number.
2. Applicant must complete the Student Guidelines Form and submit all required documents.
3. All documents be must fully completed and received by the following deadline dates:
  - a. **MAY 15** – Fall Programs
  - b. **SEPTEMBER 30** – Winter Programs
  - c. **MARCH 31** – Intersession Programs
  - d. **APRIL 30** – Summer Programs
4. All applications will be treated fairly and according to the WDFN Post Secondary Education Policy.

Last Name:		First Name:		Middle Initial:
Status Number: 3 7 2 _____		Social Insurance Number: _____		Date of Birth: ____/____/____ (mm/dd/year)
Residency: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> Out of Province		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single Parent		
Current Address:		Postal Code:	Mobility Number:	
Permanent Mailing Address:		Postal Code:	Home Number:	
Email Address:				
Next of Kin:	Address:		Telephone:	
Spouses Name:	Spouse's Place of Employment:		Telephone:	
List dependents, ages and residency:				
Name	Does he/she reside with you? Y(Yes) or N(No)	Age	DOB	Health Number
1.				
2.				
3.				
4.				
5.				
6.				
Other:				

**PART B – Previous Education and Training**

1. Living assistance is provided to applicants based on the WDFN Post Secondary Education Policy and Post Secondary Education Budget.
2. Tuition, book allowance and other listed compulsory supplies are provided to applicants based on the WDFN Post Secondary Education Policy and the Post Secondary Education Budget.
3. Full Time students are applicants who are enrolled in 24 credit unit courses or 4 institution credit based courses who may receive either the living assistance or tuition assistance or both.
4. Part Time students are applicants who are enrolled in 24 or less credit unit courses and are only eligible to receive tuition assistance.

<b>Institution:</b>	<b>Name of Institution:</b>	<b>Location:</b>	<b>Diploma, Degree completed/received</b>	<b>Start and Completion Program Dates:</b>	
Grade 12 High School					
Technical Institute					
College					
University					
Other (specify)					

**PART C – Type of Program**

**Select type of Institution and Assistance (check one)**

1. \_\_\_ Level I – Accredited Community College Diploma Program, minimum 24 month duration;
2. \_\_\_ Level II – Accredited Undergraduate Degree Program, 3 or 4 year duration
3. \_\_\_ Level III – Accredited Masters or Doctoral Programs, 2 year duration.

<b>Institution and Program Data</b>		
<input type="checkbox"/> Preparation Course <input type="checkbox"/> Technical Institute <input type="checkbox"/> Community College <input type="checkbox"/> University Bachelor <input type="checkbox"/> Masters Degree <input type="checkbox"/> University Ph. D <input type="checkbox"/> Other (explain) _____		
<b>Student Enrolment Status</b>	<b>Start Date:</b>	<b>Completion Date:</b>
<input type="checkbox"/> Part Time <input type="checkbox"/> Fall Session <input type="checkbox"/> Winter Session <input type="checkbox"/> Full Time <input type="checkbox"/> Intersession <input type="checkbox"/> Summer Session	_____ / _____ / _____ YYYY    MM    DD	_____ / _____ / _____ YYYY    MM    DD

**PART D –STUDENT ACADEMIC CONSENT FORM**

- Whitecap Dakota First Nation has full access to personal academic progress, evaluation and attendance.**
- I will complete and submit student mid-term and final reports upon completion of each term (signed by the appropriate institution authority, if necessary).**
- I accept full responsibility to complete and satisfy the academic requirements as outlined by the institution and will seek the necessary tutorial support offered.**
- I will manage the educational assistance provided and will seek the financial management support offered by the WDFN (if required).**
- I understand it is not the responsibility of the Whitecap Dakota First Nation to pay for late fees, or any other negligent fees incurred. It is my responsibility to read and become acquainted with the institution’s guidelines, schedule and expectations.**

**Institution:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**OFFICE USE ONLY – Application Status**

- Full Approval     Partial Approval (*Tuition or Living Assistance*)     Incomplete Application     Denied

Total Estimated Costs:

1. Monthly Income: \_\_\_\_\_

2. Tuition & Books: \_\_\_\_\_

3. Other: \_\_\_\_\_

**ANNUAL TOTAL:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Authorization Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date of Application Review:** \_\_\_\_\_