



Post Secondary Student Support Program (PSSSP) Application Form

Application Process

Applications for PSSSP funding must be completed and submitted by 5:00 p.m. on the application deadline. The application process requires:

- i. A complete application form signed and dated.
- ii. All supporting documents as listed in the application checklist - **clearly label** each document.
- iii. If you are a successful applicant, your funding is contingent upon submission of your
 1. Transcripts from all previous education institutions attended.
 2. Proof of registration for the courses you are taking in the upcoming term.

Incomplete applications will not be considered.

Application Deadline

March 31st - For Spring and/or Summer Term (May - August)

May 31st - For Fall/Winter Term (September - April)

October 31st - For Winter Term (January - April)

Contact Information

P.O. Box 90
Montreal Lake, SK
S0J 1Y0

Phone: (306) 663-5100 or Toll-Free: 1-888-303-0335

Fax: (306) 663-5499

EMAIL - postsecondary@mlcn.ca

PSSSP Application

A. Eligibility Requirements

This funding is intended for Montreal Lake Cree Nation band membership who are registered in a post-secondary institution.

All fields are required to consider an application complete. If the field does not apply to you, please enter **N/A**.

Name:

Student Number:

Status Number:

Have you applied for post-secondary funding recently or in the past?

Yes No

Please provide any additional details to explain the above:

Applicant Type:

- New
- Continuing (funded by MLCN PSSSP for the previous school year)
- Returning (formally funded by MLCN PSSSP; have taken a break from schooling and are returning)

B. Applicant Information

Social Insurance Number (SIN)

Birthdate

Gender

Street Address

Town

Province

Postal Code

Phone Number

Email

C. Semester

Spring and/or Summer (May-August)

Fall/Winter (September-April)

Winter (January-April)

D. Program Information

Name of Post-Secondary Institution

Start date of your program

School Attendance: Full-time Part-time

Program Type:

Certificate

Diploma

Degree

Other

If other, please explain

Program of Study

Length of Program (years/months)

Program location

G. Education Information

Please tell us about your academic progress to date, your areas of study, and/or certificates/diplomas/degrees you have completed.

My long term academic and career goals include:

STUDENT CONTRACT

I understand the following conditions apply to my sponsorship by the Montreal Lake Post-Secondary Student Support Program (PSSSP) for educational studies

1. **I will accept** the responsibility to adhere to the school regulations and meet the standards required by the school for continuation in my course of studies.
2. **I agree** to attend classes regularly and I will also submit every month the **Student Declaration of Attendance** form and I am aware that failure to do so will result in a delay of receiving my student allowance for the month.
3. **I agree** to consult with the Counsellor or Coordinator if any problems arise academically, emotionally, physically and financially.
4. **I agree** to provide my transcripts every term to the Montreal Lake PSSSP.
5. **I agree** to report any changes to my student and/or program status promptly. I understand that it is a serious matter to provide false information and/or fail to report any changes in the information provided.
6. **I authorize** Montreal Lake PSSSP to obtain information from persons, agencies, or organizations to determine and/or verify my eligibility for benefits or services under the Montreal Lake PSSSP.
7. **I declare** that all the information provided is true and complete and I make solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath.
8. **I understand** that I have the right to appeal any decision made with respect to my application for sponsorship in accordance with Montreal Lake PSSSP policies.
9. **I understand** that when I leave the PSSSP as a student any money that I may be in debt will be recovered by future sponsorship by the PSSSP or future EMPLOYMENT with the Montreal Lake Cree Nation in the way of deductions to my allowance or to my payroll.

I have read the above and I hereby agree to the terms and conditions for financial assistance.

Print Name

Date

Signature

Application Checklist

You must read and fill out ALL sections of the application to be considered for funding. Please write N/A if a section does not apply to you.

Incomplete applications will not be considered.

Applications for PSSSP must be completed and submitted to the MLCN Post Secondary program by 5:00 PM on the application deadline. A complete application includes:

Application Checklist – completed and signed

Application Form – completed and signed

A **Letter of Acceptance** from the institute you applied to

A copy of your **Status Card** – front and back

A copy of your **hospitalization card** for yourself and all your dependents

A copy of your **Child Tax Benefits** outlining all your dependents

A copy of **Grade 12 transcripts**

A copy of **transcripts from all previous institutions** attended.

A **class registration** from the institute

A form from your Financial Institution with your **Banking Information**

Student Contract to be signed

Other

Please send in all requested documentation that is on this check list before the application deadline. If there is an item missing from the check list, please provide an explanation.

Comments:

Printed Name: _____

Student Signature

Date