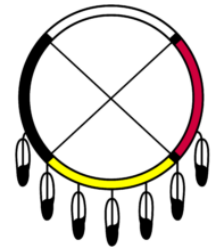


Roseau River Anishinabe First Nation
Post-Secondary Student Support Program
 Roseau River Anishinabe First Nation
 Box 200, Ginew, Manitoba R0A 0L0
 Ph. (204) 427-2139 Fax (204) 427-2234
 Toll Free: 1-888-256-0812 Email: skyla.sellner@rrafn.ca



IMPORTANT
PLEASE COMPLETE ENTIRE APPLICATION AND INCLUDE ALL REQUIRED DOCUMENTATION
(LETTERS OF ACCEPTANCE, TRANSCRIPTS, ETC.) REQUIRED TO PROCESS APPLICATION.
PRINT CLEARLY.

PART A – PERSONAL INFORMATION

Last Name:		Given Name:		Initial:	
Address:		City:		Province:	
Email:		Postal Code:		Phone No.:	

Treaty No.: Social Insurance No.:

Birth Date: Y M D Gender: Male Female On-Reserve Off-Reserve

Continuing Applicant: New Applicant:

Have you ever been sponsored through this program in the past? YES NO Year: _____

Marital Status: _____ (Single, Married, Common-Law)

Spouse's Name: _____ Birth Date: M D Y

(Spouse will not be considered a dependent.)

Number of dependents: _____

Names of Children to be claimed on Student Allowance:

_____ M D Y _____ M D Y

_____ M D Y _____ M D Y

_____ M D Y _____ M D Y

If you or your spouse is receiving Social Assistance, please provide the following information (**this information may be used to determine or affect the rates of Educational Assistance**):

Name of Worker: _____ Phone No.: _____ Case No.: _____

Next of Kin: Name & Phone No.:

PART B – EDUCATIONAL HISTORY & PLANNING

Highest grade completed in primary or secondary school: _____ Year Completed: _____

Please provide a brief outline of your Educational and Career goals: (If, you require more space please use separate sheet of paper)

EDUCATION HISTORY

(Please include high school, if applicable)

Dates From – To	Institution	Program Name	Complete Yes or No	Certificate/ Diploma	Sponsored By

Have you ever been required to WITHDRAW or DISCONTINUE from a program? YES NO

(If, so please provide a brief explanation as to why and the outcome.)

Attendance will be: Full-time Part-time Community College UCEP Other

University Undergraduate Degree University Graduate Degree

Program or Course Name: _____

Institution Name: _____

Address: _____ Postal Code: _____

Phone: _____ Fax No: _____

PROVIDE START AND END DATES FOR CURRENT ACADEMIC YEAR/SESSION ONLY:

Start Date: _____ End Date: _____

Expected Date of Completion/Graduation: _____

PART C – FINANCIAL ASSISTANCE REQUIRED

Student Allowance Tuition \$ _____ Books \$ _____

(Please attach void cheque/direct deposit form)

(If you are unsure of the exact cost amounts, please write an estimate of costs)

PART D – DECLARATION (PLEASE READ)

I understand and accept the following conditions for sponsorship by the Roseau River Anishinabe First Nation Post-Secondary Student Support Program (P.S.S.P) and this department. I declare that all the information in this application is complete and true. I understand that if any of the information is found to be untrue my application may be withdrawn.

1. To attend classes regularly and consistently.
2. To consult with my education counselor if any problem arises academically, emotionally, physically, or financially.
3. To meet the institution's requirements for continuation in my program of studies.
4. To provide transcripts of marks and progress reports to my education counselor.
5. To adhere to sponsorship policies and regulations as stated in the Post-Secondary Policy Manual.
6. To consult with my education counselor on changes of program, courses, dependents, residence, etc.
7. I authorize the release of my transcript, progress reports and attendance records to my education counselor.

Applicant's Name: _____ Date: _____

Applicant's Signature: _____ Student No: _____

APPLICATION WILL NOT BE CONSIDERED UNLESS ACCOMPANIED BY THE FOLLOWING DOCUMENTS:

1. Letter of Acceptance from the University or College.
2. Transcript of the most recent mark statement from the last education institution attended.

3. **Complete, sign and date the Application form and Release Form for transcript release to the Roseau River P.S.S.S.P.**
4. **Address and phone number of the institution you will be attending.**
5. **Confirmation of registered treaty status (copy of status card or letter from band stating confirmation of membership).**
6. **Copy of provincial/territorial health card (both sides)**

Additional Comments (if applicable):

FOR OFFICE USE ONLY

THE ROSEAU RIVER ANISHINABE FIRST NATION POST-SECONDARY STUDENT SUPPORT PROGRAM HAS RECEIVED & APPROVED THE FOLLOWING STUDENT. *(For Office Use Only)*

Student Name: _____

Institution: _____

Program/Course: _____

Student No: _____

Authorizing Signature: _____

Skyla Sellner, Program Coordinator/Education Counselor

Distribution: 1. Student File 2. Administration File