

Peguis School Board Post Secondary Department

Application for Educational Assistance

Information Sheet

Application Deadlines

FALL SESSION (September to December start date)	MAY 1
WINTER SESSION (January to April start date)	OCTOBER 15
SPRING/SUMMER SESSION (May to August start date)	MARCH 1
GRADUATE PROGRAMS	1 YEAR PRIOR TO START DATE
COMMUNITY BASED PROGRAMS	JULY 15

Applications from New Students must include the following supporting documentation or must be forwarded when available:

- Acceptance Letter from institution
- Photocopy your most recent transcript
- Program information, including an outline of the program and tuition costs.
- Photocopy of your treaty status card.
- Autobiography

Applications from Continuing Students must include the following supporting documentation:

- Latest session marks
- Written essay/academic plan

Return the completed applications to:

Peguis Post Secondary Department
201-1075 Portage Avenue
Winnipeg, Manitoba R3G 0R8
Fax: (204) 949-0616

Peguis Post Secondary Department
Box 190
Peguis, Manitoba R0C 3J0
Fax: (204) 645-2730

Or by email to: info@peguispostsecondary.com

If you have any questions or require assistance completing the application, please call:

204-942-1260 – Winnipeg

204-645-2307 – Peguis

Or toll-free:

1-866-942-1260 – Winnipeg

1-866-383-2648 – Peguis

All applications are reviewed by the Peguis School Board and notified by mail of the decision of the board. All questions are to be answered fully. Information is confidential.

Members who are interested in post secondary education programs one year or less in duration, Apprenticeship Training programs, or Mature 12/Adult Upgrading programs located off-reserve, please contact the Peguis First Nation Training and Employment department, 204-645-3405 or toll-free 1-866-552-1066.

* Applications received after deadline dates will be deferred to next intake.

* All students must re-apply for each academic year regardless of the length of the educational program.

* Programs that include a spring/summer session will require a separate application for that session.

Please keep this sheet for your reference.

**PEGUIS SCHOOL BOARD POST SECONDARY DEPARTMENT
APPLICATION FOR EDUCATIONAL ASSISTANCE**

office use
Date Rec'd

A. PERSONAL INFORMATION

Treaty Number (10 digits): 269	Social Insurance Number:	Date of Birth (yyyy/mm/dd):	
Full Name:		Gender (circle): Male Female	
Current Address	City/Town	Prov	Postal Code
Permanent Address, if different from above:	City/Town	Prov	Postal Code
Cell Phone:	Home Phone:	Email:	
Emergency Contact (name, phone #, relationship):			

B. REQUEST FOR EDUCATIONAL ASSISTANCE

Session or Term and Year applying for:

Fall 20__ (September to December) Winter 20__ (January to April) Spring/Summer 20__ (May to August)

Student Category, please check one:

New Student (No previous funding or not currently funded by Peguis School Board)
 Continuing Student (Currently funded student, continuing current program of studies in the next term or academic year)

I hereby make application for educational assistance to attend:

Institution:	Student Number	Location
Program of Studies:	Total length of program	
Area of Study (Major/Minor):	Method of Delivery (Classroom/Distance/Online/Blended)	
Start and End Date for Term/Session applying for:	Expected Date of Graduation:	

Attendance: Full-time Part-time * Only full-time, day programs are eligible for a living allowance.

Type of Assistance requested:

Living Allowance Tuition/Books/Supplies Tuition/Course costs: \$ _____

Upon completion, I will achieve : Certificate Diploma Bachelors Masters Doctorate PHD Other _____

C. FAMILY INFORMATION

Please list all Dependent Children who will live with you during period of sponsorship:

Name	Age	Grade	School	Lives with me

* Upon approval of sponsorship, a Child Tax Assessment is required before dependant allowance is issued.

Marital Status: Single _____ Married/Common-Law _____

SPOUSE'S NAME:	D.O.B.	Treaty Number
During my sponsorship, my spouse will be: <input type="checkbox"/> Dependent <input type="checkbox"/> Employed <input type="checkbox"/> Student Funded by: _____		

D. ACADEMIC HISTORY

Do you have a Grade 12 High School Diploma? _____ Mature 12 Diploma? _____ GED? _____ Year Graduated: _____

High School attended	Location	Grade Level completed:
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Please list all previous post secondary training:

Institution	Program	Program Dates/Duration	Date of Graduation

E. PREVIOUS SPONSORSHIP

Please list all academic programs for which you received PSB sponsorship:

Institution	Program	Dates/Duration of Sponsorship	Date of Graduation

Have you ever had your sponsorship suspended or terminated? Yes _____ No _____
Have you ever been academically suspended or terminated by an institution? Yes _____ No _____
Have you ever withdrawn from a program before completion while funded by PSB? Yes _____ No _____

If yes to any of the above, please explain:

F. SOURCE OF INCOME

Current source of income: _____

Please list your previous employment history starting with your current or most recent:

Employer	Position	Dates/Duration	Reason for Leaving

Are you eligible for EI benefits? Yes _____ No _____
Have you applied to other sources for funding? Yes _____ No _____

If yes, please explain, and attach any letters of approval/refusal:

G. ADDITIONAL INFORMATION

Please provide any other additional information you feel is relevant to your application, including any health/medical conditions or specific learning requirements that may require special services or disability services.

AUTOBIOGRAPHY/ACADEMIC PLAN/WRITTEN ESSAY

FOR NEW/FIRST TIME APPLICANTS:

Please provide a brief summary about yourself focusing on information useful in assessing your application. You may submit a handwritten or typed copy attached to this application. Please include the following points:

- * Where were you born and raised
- * Where did you receive your high school education
- * Describe your family life & situation
- * Describe your strengths and weaknesses
- * What is your involvement and/or connection to the community? Parents, Grandparents, etc.
- * Outline your short and long term education goals
- * Why are you interested in this program? Please explain your decision in pursuing this program of study.

FOR CONTINUING/RETURNING STUDENTS:

Please submit a handwritten or typed essay detailing your academic program to date, including the following points:

- * Describe in detail where you are at in your program of studies
- * What did you achieve or obtain during your most recent sponsorship
- * What are the outstanding requirements for completion of your program
- * What are your academic goals that you will achieve during this period of sponsorship
- * What challenges or setbacks did you experience in the past year
- * What adjustments have you made to ensure your academic success

H. CONDITIONS OF SPONSORSHIP

I understand the following as conditions of sponsorship if my application is approved by the Peguis School Board.

1. To attend classes regularly and consistently .
2. To manage the educational assistance funds to the best of my ability.
3. To notify my counsellor of any changes to my contact information.
4. To consult with my counsellor if any problems arise academically, emotionally, physically or financially.
5. To consult with/advise my counsellor of any changes to my program of studies.
6. To provide my marks and reports to the Peguis School Board and the Post Secondary Department upon my counsellor's request.
7. To adhere to any rules and regulations as may be advised to me by Peguis School Board.
8. To submit applications for continued sponsorship when required and with the required documents.
9. To adhere to regulations and meet the standards required by the institution for continuation in my program of studies.
10. To accept responsibility for satisfying the academic or training requirements of the above institution.
11. I understand that if I do not meet the academic requirements and attendance conditions of my sponsor and of the educational institution, that the Peguis School Board maintains the right to withdraw full sponsorship of my application and that I will be placed on a wait list for future educational sponsorship.

J. DECLARATION AND CONSENT

I declare that the information provided by me on this application form is complete and correct and is given in order to substantiate my entitlement for Educational Assistance. I hereby agree to advise the Peguis School Board of any change in dependency, income from employment, income assistance or any other source, for me or my spouse as these items may affect Educational Assistance rates. I authorize the release of information from First Nation Social Services agencies or Provincial Employment and Income Assistance to the Peguis School Board to obtain any information required to determine my and/or my dependents' eligibility for Educational Assistance. I also give permission for the Peguis School Board to verify or confirm with any source the correctness and accuracy of the information contained in this application. As well, I do hereby give permission to the Peguis School Board to disclose any information regarding my student sponsorship to the appropriate authorities of the Peguis First Nation (i.e. PFNTE, Social Assistance, Health Centre) or Provincial Employment and Income Assistance.

SIGNATURE OF APPLICANT

DATE

Parent's signature, if applicant is under 18 years of age

REQUIRED DOCUMENTS

Applicants must provide or forward copies of the following:

New Student (No previous funding or not currently funded by Peguis School Board)

- ____ Status card
- ____ Acceptance Letter
- ____ Program Information/Costs
- ____ Final High School Transcript and diploma
- ____ Autobiography

Continuing Student (Currently funded student, continuing current program of studies in the next term or academic year)

- ____ Mark Statement/Academic progress for latest PSB funded term of study
- ____ Essay/Academic Plan

Copies only to be attached or forwarded; do not send originals or official transcripts.
Acceptance letters or other required documents may not be immediately available. Please indicate why and when you anticipate receipt:

Incomplete applications may be deferred to next intake.