

**Southern First Nations Secretariat  
Post Secondary Student Support Program  
Student Contract**

As a recipient of the SFNS Post Secondary Student Support Program (PSSSP) I recognize that I have a role and certain responsibilities are expected of me. I have read or will read the entire Student Assistance Policy and have a thorough understanding of the policy prior to the first day of classes. Furthermore, I agree to the following conditions:

1. The financial assistance awarded to me will be used to the very best of my ability in gaining my post secondary education/professional career.
2. I will attend and maintain good attendance to all my classes.
3. I will show up on time and write all tests and examinations for my program of studies.
4. After each semester, I will forward my grade report/mark transcript to the post secondary office within 21 days of completing a term or when asked to provide my grade report.
5. I am expected to meet with and maintain regular contact with my assigned SFNS counsellor. My contact information (address, telephone, and email address) will be updated regularly.
6. Prior to adding or dropping a course, or withdrawing from school I will seek advice and agreement from my SFNS counsellor.
7. I will seek additional assistance from my school counsellor/advisor/program administrator when facing academic or personal difficulties.
8. Upon graduation I will forward a copy of my certificate, diploma or degree.
9. In the event of an overpayment or accepting funds when I no longer qualify for financial assistance; I forfeit my right to further financial assistance until all funds have been repaid.

***I have read and agree to the conditions as stated above and acknowledge that failure to comply with the above conditions, will affect my eligibility for further financial assistance.***

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

**Documentation Received (Office Use Only)**

Status Card	Direct Deposit Form <i>(Canadian Banking Only)</i>	Tuition Statement
OSSD/GED/ACE	Acceptance Letter	US Bursary Info
OSSD transcript	Course Schedule and Fee Statement	Grade Report

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE

**Counsellor's Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization:**

Recommended

Not Recommended

\_\_\_\_\_  
COUNSELLOR'S SIGNATURE

\_\_\_\_\_  
DATE

**Authorization:**

Approved

Not Approved

\_\_\_\_\_  
AUTHORIZING OFFICER

\_\_\_\_\_  
DATE

Data Entry Date: \_\_\_\_\_