

STUDENT IDENTIFIER

New Student Re-enrollment Priority Application Date / /
 YR MO D
 Band Code Family Number Position Number Birth Date / /

BASIC STUDENT INFORMATION

SURNAME		GIVEN NAME		PHONE ()	
ADDRESS			CITY	PROVINCE	POSTAL CODE
SEX	RESIDENCE		CANADIAN RESIDENT		E-MAIL ADDRESS
MALE <input type="checkbox"/>	ON RESERVE <input type="checkbox"/>		<input type="checkbox"/>		_____
FEMALE <input type="checkbox"/>	OFF RESERVE <input type="checkbox"/>		1 YR IN CANADA <input type="checkbox"/>		<input type="checkbox"/>

EDUCATIONAL PLAN

Y E A R 1	ATTENDANCE		PROGRAM/COURSE		INSTITUTION		LOCATION		INSTITUTION #		
	F/T <input type="checkbox"/>										
	P/T <input type="checkbox"/>										
	TYPE OF PROGRAM		PROGRAM LENGTH		YEAR OF STUDY		GRADUATION DATE		CATEGORY		FIELD CODE
	CC <input type="checkbox"/> BA <input type="checkbox"/>						<u> </u> / <u> </u> / <u> </u>				
								SPONSORSHIP PERIOD			
								From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u>			

Y E A R 2	ATTENDANCE		PROGRAM/COURSE		INSTITUTION		LOCATION		INSTITUTION #		
	F/T <input type="checkbox"/>										
	P/T <input type="checkbox"/>										
	TYPE OF PROGRAM		PROGRAM LENGTH		YEAR OF STUDY		GRADUATION DATE		CATEGORY		FIELD CODE
	CC <input type="checkbox"/> BA <input type="checkbox"/>						<u> </u> / <u> </u> / <u> </u>				
								INSTITUTIONAL ACCEPTANCE		SPONSORSHIP PERIOD	
								From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u>			

Y E A R 3	ATTENDANCE		PROGRAM/COURSE		INSTITUTION		LOCATION		INSTITUTION #		
	F/T <input type="checkbox"/>										
	P/T <input type="checkbox"/>										
	TYPE OF PROGRAM		PROGRAM LENGTH		YEAR OF STUDY		GRADUATION DATE		CATEGORY		FIELD CODE
	CC <input type="checkbox"/> BA <input type="checkbox"/>						<u> </u> / <u> </u> / <u> </u>				
								INSTITUTIONAL ACCEPTANCE		SPONSORSHIP PERIOD	
								From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u>			

Y E A R 4	ATTENDANCE		PROGRAM/COURSE		INSTITUTION		LOCATION		INSTITUTION #		
	F/T <input type="checkbox"/>										
	P/T <input type="checkbox"/>										
	TYPE OF PROGRAM		PROGRAM LENGTH		YEAR OF STUDY		GRADUATION DATE		CATEGORY		FIELD CODE
	CC <input type="checkbox"/> BA <input type="checkbox"/>						<u> </u> / <u> </u> / <u> </u>				
								INSTITUTIONAL ACCEPTANCE		SPONSORSHIP PERIOD	
								From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u>			

**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	<input type="checkbox"/>	_____		_____	
		COUNSELLOR'S SIGNATURE		DATE	
Not Recommended	<input type="checkbox"/>				
Authorization:					
Approved	<input type="checkbox"/>	_____		_____	
		AUTHORIZING OFFICER		DATE	
Not Approved	<input type="checkbox"/>				
Data Entry Date: _____					



Release of Information Authorization

I, _____ hereby authorize the staff of Southern First Nations Secretariat of 22361 Austin Line, Bothwell, Ontario to obtain, release and exchange information with _____
(Name of your school) (City, Location of school)

I, _____ provide my consent, for the staff of Southern First Nations Secretariat to release information which may include my name, program of study and all financial assistance awarded to me to Federal and Provincial Governments/agencies and my First Nation Government offices/agencies.

This agreement is valid for the period of _____ to _____
(Include the entire length of your program of studies)

Signature: _____ Student ID: _____

Date: _____ Witness: _____