

# POST-SECONDARY EDUCATION (PSE) Sponsorship Application Form



**Forms included:**

- 1 Latest Transcript
- 2 Acceptance Letter AND/OR Course Registration
- 3 Banking Information

**\* All Sections of the form must be completed to be considered**

**Part A- Student Personal Information**

Band Name	Band Number ( 10 digits)	Medical Number	Social Insurance Number

Student's Full name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (y/m/d): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Phone Number: \_\_\_\_\_

Marital Status: Single/ Common-Law/Married/Separated/Divorced Residence: on reserve \_\_\_\_ off reserve \_\_\_\_

***If on Social/Employment & Income Assistance***

Provide your Workers name and Contact Number. \_\_\_\_\_

***If marital status is : married or common-law please provide the following information:***

Spouse: Will live with me \_\_\_\_ Will be employed \_\_\_\_ Employers Name: \_\_\_\_\_  
 Will be a full time Student. \_\_\_\_ Sponsored by: \_\_\_\_\_

Spouse's Full name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth (y/m/d): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Phone Number: \_\_\_\_\_

Band Name	Band Number( 10 digits)	Medical Number	Social Insurance Number

***If Spouse is on Social/Employment & Income Assistance***

Provide your Workers name and Contact Number. \_\_\_\_\_

**Full name(s) of dependant(s) and date of birth ( Y/M/D), Gender, Band Number ( 10 digit).**

1. \_\_\_\_\_ Date of Birth : \_\_\_\_\_ M / F Band Number: \_\_\_\_\_
2. \_\_\_\_\_ Date of Birth : \_\_\_\_\_ M / F Band Number: \_\_\_\_\_
3. \_\_\_\_\_ Date of Birth : \_\_\_\_\_ M / F Band Number: \_\_\_\_\_
4. \_\_\_\_\_ Date of Birth : \_\_\_\_\_ M / F Band Number: \_\_\_\_\_
5. \_\_\_\_\_ Date of Birth : \_\_\_\_\_ M / F Band Number: \_\_\_\_\_
6. \_\_\_\_\_ Date of Birth : \_\_\_\_\_ M / F Band Number: \_\_\_\_\_

***In case of Emergency:***

Contact Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***Previous Education & Training***

Schooling/Training	Name of Institution	Location	Program & Year Completed	Certificate/Diploma Received
Secondary				
Community College				
University				
Other (Specify)				
Highest Grade completed in primary or secondary school. _____				

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## Part B - Assistance Required

I hereby make application for assistance to enroll in a U.C.E.P. or post-secondary education program at an institution for which I have been accepted.

Education Assistance : Post-Secondary \_\_\_\_\_ U.C.E.P (University College Entrance Program) \_\_\_\_\_

Name of Program or Course: \_\_\_\_\_

Institution ( Name & Address): \_\_\_\_\_

Term Start Date (Y/M/D): \_\_\_\_\_ Term End Date: (Y/M/D): \_\_\_\_\_

Describe Career Goals: \_\_\_\_\_

\_\_\_\_\_

Expected Date of Graduation ( Y/M/D): \_\_\_\_\_

### Classification of Training and Institution

Attendance: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Type of Training: U.C.E.P \_\_\_\_\_ Community College \_\_\_\_\_ Community Course \_\_\_\_\_ University Bachelor \_\_\_\_\_  
University Masters \_\_\_\_\_ University Ph.D. \_\_\_\_\_ Other: \_\_\_\_\_

If University, state Major \_\_\_\_\_ Minor \_\_\_\_\_

### List of courses registered in and the number of credit hours:

- |          |                     |             |
|----------|---------------------|-------------|
| 1. _____ | Credit hours: _____ | Term: _____ |
| 2. _____ | Credit hours: _____ | Term: _____ |
| 3. _____ | Credit hours: _____ | Term: _____ |
| 4. _____ | Credit hours: _____ | Term: _____ |
| 5. _____ | Credit hours: _____ | Term: _____ |
| 6. _____ | Credit hours: _____ | Term: _____ |
| 7. _____ | Credit hours: _____ | Term: _____ |
| 8. _____ | Credit hours: _____ | Term: _____ |

## Part C - I Understand and accept the following conditions for sponsorship/Assistance

1. To attend classes regularly and consistently
2. To consult with my counsellor if any problem arises academically, emotionally, physically, or financially
3. To meet the institutions requirement and regulations for continuation in my program of studies
4. To provide my transcript of marks and progress reports as requested by my sponsor.
5. To adhere to sponsorship policies and regulations as stated in the guidelines
6. To consult with my counsellor on changes of dependents, residence etc.
7. I hereby authorize the release of my transcript, progress reports, and attendance records

**I understand and accept the above conditions of sponsorship**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date