



# Yale First Nation Government

## Application for Education Assistance

### Personal Information

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given names

\_\_\_\_\_  
name you like to use

\_\_\_\_\_  
Band name and status #

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province Postal code

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Social insurance #

\_\_\_\_\_  
phone number

\_\_\_\_\_  
Male / female

\_\_\_\_\_  
e-mail address

### Marital Status (please check one)

Single  Married  Common law  Widowed  Separated

Dependant Children (of applicant) Number of dependants \_\_\_\_\_

\_\_\_\_\_  
Name of child

\_\_\_\_/\_\_\_\_/\_\_\_\_  
date of birth

\_\_\_\_\_  
Band name and number

_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____



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## PREVIOUS EDUCATIONAL INFORMATION

Last grade completed \_\_\_\_\_ date completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution name and address \_\_\_\_\_

Name of program \_\_\_\_\_

## OTHER EDUCATION / TRAINING

Name of program \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed? \_\_\_\_\_ Certificate/diploma? \_\_\_\_\_

Name of program \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed? \_\_\_\_\_ Certificate/ diploma? \_\_\_\_\_

**Please provide copies of your previous transcripts and certificates. Copies can be made at the YFN office for you.**

PLEASE INDICATE YOUR MAIN ACTIVITY DURING THE PAST YEAR

Attending Secondary/ ABE school \_\_\_\_\_ Attending Post Secondary \_\_\_\_\_

Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Other (explain) \_\_\_\_\_



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## COURSE INFORMATION

\_\_\_\_\_  
Education program

\_\_\_\_\_  
Institution name

\_\_\_/\_\_\_/\_\_\_ full time \_\_\_ part-time \_\_\_ # of training months \_\_\_\_\_

Date enrolled start date \_\_\_/\_\_\_/\_\_\_ completion date \_\_\_/\_\_\_/\_\_\_

**Education category** University/College entrance program \_\_\_ Comm college diploma \_\_\_

Undergraduate degree \_\_\_ graduate degree \_\_\_ Vocational school \_\_\_\_\_

I have consulted with an academic advisor/ career counselor Yes \_\_\_ No \_\_\_

I have contacted the Aboriginal Support worker at my Institution Yes \_\_\_ No \_\_\_

Have you applied for any other financial assistance? Yes \_\_\_ No \_\_\_

Have you applied for a student loan? Yes \_\_\_ No \_\_\_

Have you applied for any bursaries/scholarships? Yes \_\_\_ No \_\_\_

If you have received any assistance, loan, bursary or scholarship please indicate what and how much \_\_\_\_\_

\_\_\_\_\_

I declare that all information given is true to the best of my knowledge. I give permission for this information to be verified and consent to a report being obtained from any reporting agency for that purpose.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
print applicant name

\_\_\_/\_\_\_/\_\_\_  
date mm/dd/year



# Yale First Nation Government

## STUDENT PROGRESS AGREEMENT FORM

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Course \_\_\_\_\_ School \_\_\_\_\_

School address \_\_\_\_\_ # of semesters \_\_\_\_\_

### Student commitment

I, \_\_\_\_\_, do hereby agree to attend above listed school for mentioned semester(s), and in doing so, agree to the following terms:

1. Attend all classes as scheduled, unless extreme emergency occurs.
2. To complete all assignments as scheduled per class.
3. To achieve at least a C+ grade or better in all classes
4. To inform Yale First Nation Education coordinator of any changes which may affect my program or funding
5. I agree to the release of information by the education institution to the Yale First Nation Education Coordinator regarding my attendance and/or progress as requested
6. I agree to provide official transcripts within 30 days after the completion of each semester to the Yale First Nation Education Coordinator

I fully accept the responsibility to abide by the above terms and realize that failure to do so may jeopardize continued financial assistance.

\_\_\_\_\_  
Signature of applicant

date \_\_\_\_/\_\_\_\_/\_\_\_\_  
yy mm dd

\_\_\_\_\_  
Signature of education coordinator

date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, SIN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, and

Band name and # \_\_\_\_\_ consent to the release of my information for the purposes of funding to the Yale First Nation and the Education Coordinator to determine eligibility for Post-Secondary education assistance.

\_\_\_\_\_  
Signature of applicant

date \_\_\_\_/\_\_\_\_/\_\_\_\_

The Education coordinator will use the information provided by the above-named Agency, Company or individual for the sole purpose of determining the eligibility of the applicant for Post-Secondary assistance.

\_\_\_\_\_  
YFN Education coordinator

date \_\_\_\_/\_\_\_\_/\_\_\_\_



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**Yale First Nation Office use only - Do not write in this area**

Tuition .....\$ \_\_\_\_\_

Registration/ student fees .....\$ \_\_\_\_\_

Books/Supplies.....\$ \_\_\_\_\_

Special equipment (tools, uniforms) .....\$ \_\_\_\_\_

Living allowance (for rent, groceries, travel, bills etc. ).....\$ \_\_\_\_\_

Recommended budget .....\$ \_\_\_\_\_

Recommended by:

Approved by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YFN Education Coordinator date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YFN Band Administrator date



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## COURSE SELECTION – CURRENT SEMESTER YEAR

List the courses that you will be registering for and indicate credits attained

NOTE\* For full-time sponsorship with living allowance, student must be enrolled in full time course load from their educational institution.

Have you met the program entrance requirements? Yes \_\_\_\_ No \_\_\_\_

If no, what actions do you plan to take to meet these requirements? \_\_\_\_\_

\_\_\_\_\_

**Semester Date:** \_\_\_\_\_ Credits

Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Semester Date:** \_\_\_\_\_ Credits

Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_



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## Projected Completion plan

Year 1 # of Courses: \_\_\_\_\_ # of credits \_\_\_\_\_

Year 2 # of courses: \_\_\_\_\_ # of credits \_\_\_\_\_

Year 3 # of courses: \_\_\_\_\_ # of credits \_\_\_\_\_

Year 4 # of courses: \_\_\_\_\_ # of credits \_\_\_\_\_

Year 5 # of courses: \_\_\_\_\_ # of credits \_\_\_\_\_

Year 6 # of courses: \_\_\_\_\_ # of credits \_\_\_\_\_

TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION: \_\_\_\_\_







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## PSE Application

Please use this page to ensure that your package is complete

## CHECKLIST

- |  |      |    |
|--|------|----|
| 1. Application form – signed by student  | Yes  | No |
| 2. Photocopy of Valid Indian Status card<br>Colour copy of front and back.               | Yes  | No |
| 3. Transcripts – Current from Continuing students<br>Grade 12 from new Applicants        | Yes, | No |
| 4. Student Agreement form  | Yes  | No |
| 5. Letter of acceptance – New applicant<br>Proof of registration for continuing students | Yes  | No |
| 6. Timetable – complete with Counsellor signature  | Yes  | No |
| 7. Education Plan – completed and attached   | Yes  | No |
| 8. Consent to release of information – completed   | Yes  | No |

\_\_\_\_\_  
Applicant signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
date

\_\_\_\_\_  
YFN Education Coordinator

\_\_\_\_/\_\_\_\_/\_\_\_\_  
date