



Yale First Nation Government

Application for Education Assistance

Personal Information

Surname Given names name you like to use

Status Number

Mailing address City Postal code

Date of birth Social insurance # phone number Pronouns: _____

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



Yale First Nation Government

PREVIOUS EDUCATIONAL INFORMATION

Last grade completed _____ Date completed ____/____/____

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

_____ Institution name

Education program _____

____/____/____ 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 ____/____/____



Yale First Nation Government

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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POST SECONDARY EDUCATION

MONTHLY DECLARATION

This form must be handed in by the 15th of each month

CONFIDENTIAL

1. Do you still require assistance for the month of _____? Yes No

2. Have you attended all classes as scheduled this past month? Yes No
If no, please explain. _____

3. Have you added or deleted a course (s) from your approved schedule Yes No
this past month? If yes, please explain. _____

4. Please list any changes in your living situation. (i.e.. Place of address, Yes No
Phone number, family status, bank account info for direct deposit etc....)

I declare that this is a true statement concerning my classes, courses and living status. I give permission for this information to be verified and consent to a report being obtained from any reporting agency for that purpose.

Signature

print name

____/____/____
date



Yale First Nation Government

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
Colour copy of front and back. | Yes | No |
| 3. Transcripts – Current from Continuing students
Grade 12 from new Applicants | Yes, | No |
| 4. Student Agreement form | Yes | No |
| 5. Letter of acceptance – New applicant
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