



**YELLOWHEAD TRIBAL COUNCIL  
POST – SECONDARY STUDENT  
FUNDING APPLICATION PACKAGE  
2024 - 2025**

**Yellowhead Tribal Council**

**P.O Box 3420**

**Morinville, AB T8R1S3**

**Phone: 587 524 – 0180**

**[psssp@ytcadmin.ca](mailto:psssp@ytcadmin.ca)**

***“To provide grant funding and student support services for YTC member First Nation students attending Post-Secondary Education”***

# YELLOWHEAD TRIBAL COUNCIL

## Post-Secondary Student Support Program

**WHEN SUBMITTING YOUR APPLICATION, ALL REQUIRED DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THE APPLICATION.**

- **PART 1: CONTINUING** applicants must provide all the required documentations via email [psssp@ytcadmin.ca](mailto:psssp@ytcadmin.ca)
  1. Third party Release form from attending Institution(s) Required
  2. Copy from CRA for any dependant(s) being claimed
  3. Social Insurance Number
  4. Confirmation of Continued registration
  5. VOID cheque or Direct Deposit form
  6. Lease/Rental agreement
  7. Course schedule
  8. Signed student agreement
  9. Fee assessment from institutions
  10. List of books needed per term
- **PART 2: NEW and RETURNING** applicants must provide the following information via email [psssp@ytcadmin.ca](mailto:psssp@ytcadmin.ca)
  1. Copies of Health Care cards for applicant and dependant(s)
  2. Copy of Treaty Status Card
  3. Third party Release form, from attending Institution(s) Required
  4. Transcripts/Mark Statement
  5. Acceptance or conditional acceptance letter from a recognized Post-Secondary
  6. Transcripts /Mark Statement
  7. VOID Cheque or Direct Deposit form
  8. Lease/Rental agreement
  9. Signed student agreement
  10. Submit fee assessment from institution
  11. Course schedule
  12. List of books needed per term
- **PART 3: CONTINUING Students ONLY** applying for **Spring/Summer**; Must provide the following documents as explained in **PART 1** via email [psssp@ytcadmin.ca](mailto:psssp@ytcadmin.ca)
  1. Courses are only offered during Spring/Summer
  2. Courses are needed to graduate that academic year
  3. Students must be registered full – time **1-6** credit or **2-3** credit courses in a session to qualify



**APPLICATION DEADLINE DATES:**  
**Fall - Winter enrolment Deadline MAY 31**  
**Spring - Summer enrolment Deadline April 5**



# YELLOWHEAD TRIBAL COUNCIL

## FUNDING APPLICATION 2024 - 2025

### Applicants Information

|   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>New Applicant</b> <input type="checkbox"/> <b>Returning</b> <input type="checkbox"/> <b>Continuing</b> <input type="checkbox"/> <b>Graduate</b> (High School) <input type="checkbox"/> <b>Deferred</b>                            |  |  |
| <input type="checkbox"/> <b>Fall</b> (Sept - April) <input type="checkbox"/> <b>Winter</b> (Jan - April) <input type="checkbox"/> <b>Spring</b> (May - June) <input type="checkbox"/> <b>Summer</b> (July - August) <input type="checkbox"/> <b>Full Time</b> |  |  |
| <input type="checkbox"/> <b>Tuition Only</b>  |  |  |
| <input type="checkbox"/> <b>On - Reserve</b> <input type="checkbox"/> <b>Off -Reserve</b>   | <b>Gender</b> _____                          | <b>Treaty #</b> _ _ _ _ _  |
| <b>Last Name:</b>   | <b>Middle initial:</b>                       | <b>First Name:</b>   |
| <b>First Nation:</b>  | <b>SIN #</b> _ _ _ _ _                       | <b>Date of Birth:</b> ____ / ____ / ____   |
| <b>Marital Status:</b> <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b>   | <input type="checkbox"/> <b>Common - Law</b> | <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> <b>Separated</b> |
| <b>Address:</b>   | <b>City:</b>                                 | <b>Province</b> _____ <b>Postal Code</b> _ _ _ _ _                                 |
| <b>Primary Phone #</b> _ _ _ _ _ - _ _ _ _ _  |  | <b>Emergency #</b> _ _ _ _ _ - _ _ _ _ _   |
| <b>Active Email:</b>  |  | <b>Alberta Health Care #</b> _ _ _ _ _   |

### Program Information

|  |                           |
|--|---------------------------|
| <b>Program Name:</b>   | <b>Student ID #</b> _____ |
| <input type="checkbox"/> <b>UCEPP</b> <input type="checkbox"/> <b>Certificate</b> <input type="checkbox"/> <b>Diploma</b> <input type="checkbox"/> <b>Degree</b> <input type="checkbox"/> <b>Masters</b> <input type="checkbox"/> <b>PHD</b> |                           |
| <b>Institutional Acceptance:</b> <input type="checkbox"/> <b>Accepted</b> <input type="checkbox"/> <b>Conditional</b>  |                           |

### Length of Program

|  |  |
|--|--|
| <b>Program Start Date Per Year:</b> ____ / ____ / ____   | <b>Program End Date Per Year:</b> ____ / ____ / ____ |
| <input type="checkbox"/> <b>8 Month Program</b> <input type="checkbox"/> <b>10 Month Program</b> | <input type="checkbox"/> <b>12 Month Program</b>     |

### Institutional Information

|                             |                    |
|-----------------------------|--------------------|
| <b>Name of Institution:</b> | <b>Location:</b>   |
| <b>Address</b>              | <b>City</b>        |
| <b>Province</b>             | <b>Postal Code</b> |
| <b>Phone</b>                | <b>Fax Number</b>  |

### Contact information

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Applications that are NOT completely filled out will not be Considered for sponsorship***



# YELLOWHEAD TRIBAL COUNCIL

2024 - 2025

| DEPENDANTS CONFIRMATION FORM |             |                |
|------------------------------|-------------|----------------|
| LAST NAME:                   | FIRST NAME: | DATE OF BIRTH: |
| 1.                           |             | ___/___/____   |
| 2.                           |             | ___/___/____   |
| 3.                           |             | ___/___/____   |
| 4.                           |             | ___/___/____   |
| 5.                           |             | ___/___/____   |

| CERTIFICATES OBTAINED (e.g. certificate diploma degree) |   |
|---|---|
| <b>Name:</b>  | <b>DATE</b> ___/___/____  |
| <b>Name:</b>  | <b>DATE</b> ___/___/____  |
| PREVIOUS EDUCATION HISTORY                              |   |
| UCEPP   | College                      University                      Graduate |
| Comments:   |   |
| _____   |   |
| _____   |   |



# Yellowhead Tribal Council

## Student agreement

1. The responsibility of protecting the Treaty Right to Education by respecting and abiding to the YELLOWHEAD TRIBAL COUNCIL POST SECONDARY STUDENT SUPPORT PROGRAM policy manual set forth by the four nations Executive Board of Directors and the Chief Executive officer.
2. I shall maintain an honest, co-operation and positive approach towards Post Secondary regarding personal and career goals by:
  - a. Accepting personal responsibility for choices, decision and actions
  - b. Exercising choices and values
3. It is my responsibility to allow myself to develop myself to my fullest potential
4. Adhere to all the Policies and regulations of the institutions
5. I shall notify YTC PSSSP immediately of any changes in my academic status. i.e. Full time to part time studies, withdrawals from program and or course(s), change in family/ household etc.
6. I will take full responsibility with my post-secondary studies by;
  - a. Working to achieve the objectives required for each class
  - b. Completing assignments and exams
  - c. Following my career plan, I set for myself
  - d. Attending all scheduled classes and exams
7. I will seek academic support when needed
  - a. Tutorial support
  - b. Any other supports to help me succeed in my educational journey
8. I shall attend all required orientations as set forth in the institutions policies
9. I understand that failure to notify YTC PSSSP of any changes in my academic status or pertaining to my funding could result in recoveries to the payments that were made
10. Yellowhead Tribal Council will expect accountability of students to diligently pursue their studies and will hold students accountable for the results they achieve
11. I will submit my midterm and final marks each semester to maintain funding, failure to do so MAY lead to monthly living allowance made manual and held until YTC PSSSP receives the marks.
12. I will inform instructors, coordinators, department heads and the YTC PSSSP of any absenteeism such as:
  - a. Unforeseeable circumstances
  - b. Medical documentation due to the seriousness of the medical
13. I will ensure my application(s) registration are established to both YTC PSSSP and institutions I am attending

I agree to and will abide by the Yellowhead Tribal Council Post Secondary Student responsibilities.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

YEAR OF STUDY: \_\_\_\_\_ of \_\_\_\_\_