



YELLOWHEAD TRIBAL COUNCIL
POST – SECONDARY
SPONSORSHIP APPLICATION PACKAGE
2019/2020

Yellowhead Tribal Council

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

YELLOWHEAD TRIBAL COUNCIL

PSSSP

AS OF APRIL 2017 –Students are required to fill out a Sponsorship application for EACH ACADEMIC TERM.

WHEN SUBMITTING YOUR APPLICATION, ALL REQUIRED DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THE APPLICATION; IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE.

- **PART 1: NEW** and **RETURNING** applicants MUST provide all the required documentations:
 1. **Authorization form of Information Release form, from Institution(s) Required**
 2. Proof of Yellowhead Tribal Council First Nation Membership (copies of Treaty Card)
 3. Copies of Health Care cards for applicant and any dependant(s) being claimed
 4. Social Insurance Number
 5. Admissions testing and most recent Transcripts/Mark Statement from High School and/or Post –Secondary institution(s)
 6. Academic planner(upgrading/Ucepp)
 7. Students require acceptance or conditional acceptance letter(s) from recognized Post-Secondary
 8. Active bank account with VOID cheque (strongly recommended)
 9. Course schedule
 10. Submit fee assessment from institutions
- **PART 2: CONTINUING** Students MUST provide the following information to the Manager of PSSSP
 1. Copies of Health Care cards for applicant and any dependant(s) being claimed
 2. **Authorization form of Information Release form, from Institution(s) Required**
 3. Transcripts/Mark Statement
 4. Confirmation of Continued registration
 5. Active bank account with VOID cheque (strongly recommended)
 6. Lease/Rental agreement with dependants only
 7. Updated Academic planner
 8. Submit fee assessment from institution
 9. Course schedule
- **PART 3: CONTINUING** or **NEW STUDENT** applying for Spring/Summer; Must provide the following documents as explained in **PART 1** or **PART 2** on a yearly basis for sponsorship
 1. Courses are only offered during Spring/Summer
 2. Courses are needed to graduate that academic year
 3. Courses as pre-requisites for entry into fall program
 - a. New applicant – refer to PART 1 and reference **Note** below
 - b. Continuing Student –refer to PART 2 and reference **Note** below

NOTE: Students must be registered full – time 1-6 credit or 2-3 credit courses in a session to qualify



APPLICATION DEADLINES
Fall - Winter enrolment Deadline MAY 31 2019
Spring - Summer enrolment Deadline April 30 2019



YELLOWHEAD TRIBAL COUNCIL

APPLICATION FORM 2019/2020

Applicants Information

<input type="checkbox"/> New Applicant <input type="checkbox"/> Returning <input type="checkbox"/> Continuing <input type="checkbox"/> Graduate <input type="checkbox"/> Deferred <input type="checkbox"/> Ucepp <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Tuition Only		
<input type="checkbox"/> On - Reserve <input type="checkbox"/> Off -Reserve	<input type="checkbox"/> Female <input type="checkbox"/> Male	Treaty # _ _ _ _ _
Last Name:	Initial:	First Name:
Maiden Name:	SIN # _ _ _ _ _	Date of Birth: ____ / ____ / ____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Common – Law	<input type="checkbox"/> Divorced <input type="checkbox"/> Seperated
Address:	City:	Province ____ Postal Code _ _ _ _ _
Primary Phone # _ _ _ _ _ - _ _ _ _ _		Emergency # _ _ _ _ _ - _ _ _ _ _
Active Email:		Alberta Health Care # _ _ _ _ _

Program Information

Program Name:	Student ID # _____
<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> PHD	Length of Program: _____
Program Start Date: ____ / ____ / ____	Program End Date: ____ / ____ / ____
Institutional Acceptance: <input type="checkbox"/> Accepted <input type="checkbox"/> Continued	<input type="checkbox"/> Conditional <input type="checkbox"/> Probation

Institutional Information

Name of Institution:	Location:
Address	City
Province	Postal Code
Phone	Fax Number
Website	
Contact information	

SIGNATURE: _____ **DATE:** ____ / ____ / ____

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



YELLOWHEAD TRIBAL COUNCIL

2019/ 2020

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

CERTIFICATES OBTAINED (e.g. certificate diploma degree)	
Name:	DATE ___/___/____
Name:	DATE ___/___/____
PREVIOUS EDUCATION HISTORY	
Ucepp	College
University	Graduate
Comments:	

Application for Student Support and I accept the following conditions:

1. To fully understand and become familiar with the **Yellowhead Tribal Council** PSSSP Policy and guidelines.
2. To provide marks statement or statements of performance at the end of each semester to PSSSP Manager to ensure continued sponsorship.
3. To report any changes to my student and/or program status.
4. I fully understand it is my responsibility to adhere to all these conditions listed above and outlined in the **Yellowhead Tribal Council** PSSSP Policy.
5. To manage my education to the best of my ability.
6. The information provided, on this application is accurate.

All applicants seeking sponsorship must comply with **Yellowhead Tribal Council** Post-Secondary Student Support Program Policy Manual.

Student Signature: _____ Date: ___/___/____

Freedom of Information Protection of Privacy Act FOIP

The information you provided on these documents is for the purpose of administering Post-Secondary Student Support Program. Personal information that you provided is protected under the privacy act FOIP



Yellowhead Tribal Council

2019/2020

AUTHORIZATION OF INFORMATION RELEASE FORM

This release form authorizes the educational institution's registrars department to release your academic information to **Yellowhead Tribal Council** in accordance with the PSSSP policy.

I voluntary authorize the Office of the registrar to disclose/release

- Full Record – Transcripts or Mark statements, attendance and performance reports after each semester or as requested by **YELLOWHEAD TRIBAL COUNCIL PSSSP**.

Signature: _____ Date: ____/ __ / ____

NOTE: This Authorization of Information Release form is in effect for ONE ACADEMIC year in support of any student sponsorship.

SIGN AND DATE THIS FORM AND ENSURE IT'S ATTACHED WITH YOUR APPLICATION PACKAGE