



**YELLOWHEAD TRIBAL COUNCIL**  
**POST – SECONDARY**  
**SPONSORSHIP APPLICATION PACKAGE**  
**2020/2021**

**Yellowhead Tribal Council**

**P.O Box 3420**

**Morinville, AB T8R1S3**

**Sub-Office: 17304 105 Avenue**

**Edmonton, AB T5S 1G4**

**Phone: 587 524 – 0180 Fax: 587 524-0181**

**[dawn.arcand@ytcadmin.ca](mailto:dawn.arcand@ytcadmin.ca)**

**[kristen.arcand@ytcadmin.ca](mailto:kristen.arcand@ytcadmin.ca)**

**[tiffany.arcand@ytcadmin.ca](mailto:tiffany.arcand@ytcadmin.ca)**

***“To provide grant funding and student support services for YTC member First Nations 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, IN ORDER FOR THE 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 (copy of Treaty Status Card)
  3. Copy from CRA for any dependant(s) being claimed
  4. Social Insurance Number
  5. Most Transcripts /Mark Statement from High School and/or Post –Secondary institution
  6. Academic planner( Upgrading/UCEPP)
  7. Acceptance or conditional acceptance letter from recognized Post-Secondary
  8. VOID cheque (strongly recommended)
  9. Course schedule
  10. 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 2020**  
**Spring - Summer enrolment Deadline April 30 2021**



# YELLOWHEAD TRIBAL COUNCIL

## APPLICATION FORM 2020/2021

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> <input type="checkbox"/> <b>Deferred</b> <input type="checkbox"/> <b>UCEPP</b> <input type="checkbox"/> <b>Fall</b> <input type="checkbox"/> <b>Winter</b> <input type="checkbox"/> <b>Spring/Summer</b> <input type="checkbox"/> <b>Full Time</b> <input type="checkbox"/> <b>Part Time</b> <input type="checkbox"/> <b>Tuition Only</b>			
<input type="checkbox"/> <b>On - Reserve</b> <input type="checkbox"/> <b>Off -Reserve</b>		<input type="checkbox"/> <b>Female</b> <input type="checkbox"/> <b>Male</b>	
Treaty #    _ _ _ _ _			
Last Name:		Initial:	First Name:
First Nation:		SIN # _ _ _ _ _	Date of Birth:    _ _ _ _ / _ _ / _ _ _ _
Marital Status: <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>Seperated</b>	
Address:		City:	Province    _ _    Postal Code    _ _ _ _ _
Primary Phone #    _ _ _ _ _ - _ _ _ _ _		Emergency #    _ _ _ _ _ - _ _ _ _ _	
Active Email:		Alberta Health Care #    _ _ _ _ _	
Program Information			
Program Name:		Student ID #    _ _ _ _ _	
<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>		Length of Program:    _ _ _ _ _	
Program Start Date:    _ _ _ _ / _ _ / _ _ _ _		Program End Date:    _ _ _ _ / _ _ / _ _ _ _	
Institutional Acceptance: <input type="checkbox"/> <b>Accepted</b> <input type="checkbox"/> <b>Continued</b>		<input type="checkbox"/> <b>Conditional</b> <input type="checkbox"/> <b>Probation</b>	
Institutional Information			
Name of Institution:		Location:	
Address	City	Province	Postal Code
Phone		Fax Number	
Contact information			

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

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



# YELLOWHEAD TRIBAL COUNCIL

2020/ 2021

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:	
_____	
_____	

**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

2020/2021

### 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 Yellowhead Tribal College Registrar's office 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**