



YELLOWHEAD TRIBAL COUNCIL
POST – SECONDARY
SPONSORSHIP APPLICATION PACKAGE
2021/2022

Yellowhead Tribal Council

P.O Box 3420

Morinville, AB T8R1S3

Phone: 587- 524-0180

psssp@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 the following information to psssp@ytcadmin.ca
 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 recent Transcripts /Mark Statement from High School and/or Post –Secondary institution
 6. Academic planner(Upgrading/UCEPP)
 7. Acceptance and/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 psssp@ytcadmin.ca
 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. Most recent 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. Submit fee assessment from institution
 8. 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 and Winter - MAY 31

Spring and Summer April 5

Please submit application along with any documents to:

psssp@ytcadmin.ca



YELLOWHEAD TRIBAL COUNCIL

APPLICATION FORM 2021/2022

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:
First Nation:		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	
Contact information			

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

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



YELLOWHEAD TRIBAL COUNCIL

2021/ 2022

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: ___/ __ / ____



Yellowhead Tribal Council

2021/2022

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.

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 provide is protected under the privacy act FOIP

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