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

"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

<mark>WHEN SUBMITTING YOUR APPLICATION, ALL REQUIRED DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THE APPLICATION, IN ORDER FOR THE APLICATION TO BE CONSIDERED COMPLETE.</mark>

- **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. Acceptance or conditional acceptance letter from recognized Post-Secondary
    7. VOID cheque (strongly recommended)
    8. Course schedule
    9. 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. 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 - Winter enrolment Deadline MAY 31
Spring - Summer enrolment Deadline April 5

YELLOWHEAD TRIBAL COUNCIL

FUNDING APPLICATION 2024/2025

Applicants Information

☐ **New Applicant** ☐ **Returning** ☐ **Continuing** ☐ **Graduate** (High School) ☐ **Deferred**
☐ **Fall** (Sept – April) ☐ **Winter** (Jan – April) ☐ **Spring** (May - June) ☐ **Summer** (July – August) ☐ **Full Time**
☐ **Tuition Only**

☐ On - Reserve ☐ Off -Reserve	☐ Female ☐ Male	Treaty # _ _ _ _ _ _ _ _ _
Last Name:	Initial:	First Name:
First Nation:	SIN # _ _ _ _ _ _ _ _	Date of Birth: _____ / _ _ / _ _ _ _
Marital Status: ☐ Single ☐ Married	☐ Common – Law	☐ Divorced ☐ Seperated
Address:	City:	Province _____ Postal Code _ _ _ _ _ _
Primary Phone # _ _ _ _ _ _ - _ _ _ _		Emergency # _ _ _ _ _ _ - _ _ _ _
Active Email:		Alberta Health Care # _ _ _ _ _ _ _ _ _ _

Program Information

Program Name:	Student ID # _____
☐ UCEPP ☐ Certificate ☐ Diploma ☐ Degree ☐ Masters ☐ PHD	
Institutional Acceptance: ☐ Accepted ☐ Conditional	

Length of Program

Program Start Date Per Year: _____/ _ _ / _ _ _ _	Program End Date Per Year:_____/_ _ / _ _ _ _
☐ 8 Month Program ☐ 10 Month Program	☐ 12 Month Program

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

2024/ 2025

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

2024/2025

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