



**YELLOWHEAD TRIBAL COUNCIL  
POST – SECONDARY STUDENT  
FUNDING APPLICATION PACKAGE  
2023/2024**

**Yellowhead Tribal Council**

**P.O Box 3420**

**Morinville, AB T8R1S3**

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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

## 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. 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 2023/2024

#### 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>	<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>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>	
Institutional Acceptance: <input type="checkbox"/> <b>Accepted</b> <input type="checkbox"/> <b>Conditional</b>	

#### Length of Program

Program Start Date Per Year:    ____ / ____ / ____	Program End Date Per Year:    ____ / ____ / ____
<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

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

**2023/ 2024**

## 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: <hr/> <hr/>			

**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

2023/2024

### 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**