YELLOWHEAD TRIBAL COUNCIL

POST – SECONDARY STUDENT

FUNDING APPLICATION PACKAGE

2027 - 2028

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 Nation 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.

- **PART 1: CONTINUING** applicants must provide all the required documentations via email psssp@ytcadmin.ca
    1. Third party Release form from attending Institution(s) Required
    2. Copy from CRA for any dependant(s) being claimed
    3. Social Insurance Number
    4. Confirmation of Continued registration
    5. VOID cheque or Direct Deposit form
    6. Lease/Rental agreement
    7. Course schedule
    8. Signed student agreement
    9. Fee assessment from institutions
    10. List of books needed per term
- **PART 2: NEW and RETURNING** applicants must provide the following information via email psssp@ytcadmin.ca
    1. Copies of Health Care cards for applicant and dependant(s)
    2. Copy of Treaty Status Card
    3. Third party Release form, from attending Institution(s) Required
    4. Transcripts/Mark Statement
    5. Acceptance or conditional acceptance letter from a recognized Post-Secondary
    6. Transcripts /Mark Statement
    7. VOID Cheque or Direct Deposit form
    8. Lease/Rental agreement
    9. Signed student agreement
    10. Submit fee assessment from institution
    11. Course schedule
    12. List of books needed per term
- **PART 3: CONTINUING Students ONLY** applying for **Spring/Summer**; Must provide the following documents as explained in **PART 1** via email psssp@ytcadmin.ca
    1. Courses are only offered during Spring/Summer
    2. Courses are needed to graduate that academic year
    3. Students must be registered full – time **1-6** credit or **2-3** credit courses in a session to qualify



APPLICATION DEADLINE DATES:
Fall - Winter enrolment Deadline MAY 31
Spring - Summer enrolment Deadline April 5

YELLOWHEAD TRIBAL COUNCIL

FUNDING APPLICATION 2027 - 2028

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	Gender _____	Treaty # _ _ _ _ _ _ _ _ _ _
Last Name:	Middle initial:	First Name:
First Nation:	SIN # _ _ _ _ _ _ _	Date of Birth: _____ / _ _ / _ _ _ _
Marital Status: ☐ Single ☐ Married	☐ Common – Law	☐ Divorced ☐ Separated
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

2027 - 2028

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:			

Yellowhead Tribal Council

Student agreement

1. The responsibility of protecting the Treaty Right to Education by respecting and abiding to the YELLOWHEAD TRIBAL COUNCIL POST SECONDARY STUDENT SUPPORT PROGRAM policy manual set forth by the four nations Executive Board of Directors and the Chief Executive officer.
2. I shall maintain an honest, co-operation and positive approach towards Post Secondary regarding personal and career goals by:
    a. Accepting personal responsibility for choices, decision and actions
    b. Exercising choices and values
3. It is my responsibility to allow myself to develop myself to my fullest potential
4. Adhere to all the Policies and regulations of the institutions
5. I shall notify YTC PSSSP immediately of any changes in my academic status. i.e. Full time to part time studies, withdrawals from program and or course(s), change in family/ household etc.
6. I will take full responsibility with my post-secondary studies by;
    a. Working to achieve the objectives required for each class
    b. Completing assignments an exams
    c. Following my career plan, I set for myself
    d. Attending all scheduled classes and exams
7. I will seek academic support when needed
    a. Tutorial support
    b. Any other supports to help me succeed in my educational journey
8. I shall attend all required orientations as set forth in the institutions polices
9. I understand that failure to notify to notify YTC PSSSP of any changes in my academic status or pertaining to my funding could result in recoveries to the payments that were made
10. Yellowhead Tribal Council will expect accountability of students to diligently pursue their studies and will hold students accountable for the results they achieve
11. I will submit my midterm and final marks each semester to maintain funding, failure to do so MAY lead to monthly living allowance made manual and held until YTC PSSSP receives the marks.
12. I will inform instructors, coordinators, department heads and the YTC PSSSP of any absenteeism such as:
    a. Unforeseeable circumstances
    b. Medical documentation due to the seriousness of the medical
13. I will ensure my application(s) registration are established to both YTC PSSSP and institutions I am attending

I agree to and will abide by the Yellowhead Tribal Council Post Secondary Student responsibilities.

NAME: _____

SIGNATURE: _____

DATE: _____ _____ _____

PROGRAM: _____

INSTITUTION: _____

YEAR OF STUDY: _____of _____