



# APPLICATION FOR EDUCATIONAL ASSISTANCE

**POST SECONDARY DEPARTMENT**  
 Long Plain First Nation  
 Box 430  
 Portage la Prairie, Manitoba  
 R1N 3B7

Phone: (204) 252-2731  
 Toll free: 1-866-268-6438  
 Fax: (204) 252-2012  
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 Email: Liz: postsec2@mymts.net

## IMPORTANT!

PLEASE COMPLETE ENTIRE APPLICATION AND INCLUDE ALL DOCUMENTS (EXAMPLE, TRANSCRIPT, LETTER OF ACCEPTANCE, ETC.) REQUIRED TO PROCESS YOUR APPLICATION. PLEASE PRINT CLEARLY.

**NOTE** Incomplete Applications will be returned!!!!

**DEADLINE DATES:** June 15 for programs commencing between September to December  
November 15 for programs commencing between January to April  
March 15 for programs commencing between May to August

## PART A - PERSONAL INFORMATION

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Mailing Address while in School: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you currently rent from the Dakota Ojibway Tribal Council Housing Authority? Yes  No

Do you currently rent from Long Plain Housing Authority? Yes  No

Treaty #     Social Insurance #         Birth Date: Y   M   D

Gender: Male  Female  Usually live on: On reserve (1)  Off reserve (6)

If Transferred from another Band: Name of Band and Date of Transfer: \_\_\_\_\_

**Marital Status:** Please check only ONE category that applies to you:

Single: (S2)  Single Parent: (S3)

Married/Common Law with employed spouse: (M1)  Married/Common Law with dependent spouse: (M2)

Name of Spouse: \_\_\_\_\_ Birth Date: Y   M   D

Spouse's band if other than Long Plain: \_\_\_\_\_ Treaty #

**Names of Children to be claimed on student allowance.** Foster children are NOT to be claimed.

_____	Y	M	D	_____	Y	M	D
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
_____				_____			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
_____				_____			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are expecting a child during the school year, please give expected due date: \_\_\_\_\_

Spouse will be: Dependent  Employed  Sponsored student  Social Assistance  Employment Benefits

If you or your spouse is receiving social assistance, please provide the following information:

Name of Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_ Case #: \_\_\_\_\_

**NEXT OF KIN: NAME & PHONE NUMBER** \_\_\_\_\_

## PART B – EDUCATIONAL HISTORY & PLANNING

Highest grade completed in primary or secondary school: \_\_\_\_\_ Year Completed: \_\_\_\_\_

### Provide Education History

Dates: From – To	Institution College or University	Name of Program	Complete Yes or No	Certificate Diploma Degree Received	Sponsored by:

**Please Provide A Brief Outline/Paragraph Of Your Educational and Career Goals:**

Attendance will be: Full Time  Part Time  Student # if known: \_\_\_\_\_

Community College:  University Bachelor  University Diploma  University Master/PhD

Mature Grade 12/UCEP  Supplement  Other  \_\_\_\_\_

Name of Program or Course: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Provide Start and End Dates for current Academic Year/Session only:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I expect/plan to graduate on: \_\_\_\_\_

Will you be doing FIELD EXPERIENCE this year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, timeframe: \_\_\_\_\_

**PART C – FINANCIAL ASSISTANCE REQUESTED**

Student Allowance  Tuition  Books  Relocation

**PART D – DECLARATION (PLEASE READ)**

**I understand and accept the following conditions for sponsorship by the Long Plain Post Secondary Department.**

1. To attend classes regularly and consistently.
2. To consult with my counselor if any problem arises academically, emotionally, physically or financially.
3. To meet the institution's requirements for continuation in my program of studies.
4. To provide transcript of marks and progress reports to the Long Plain Post Secondary Department.
5. To adhere to sponsorship policies and regulations as stated in the Post-Secondary Policy manual.
6. To consult with my counselor on changes of program, courses, dependents, residence, etc.
7. I authorize the release of my transcript, progress reports, and attendance records to the Long Plain First Nation Post Secondary Department.
8. I authorize Long Plain Post Secondary to release and receive relevant information to/from other Long Plain entities and outside agencies for statistical purposes and for verification of income.

\_\_\_\_\_  
Applicant's Name (PRINT) \_\_\_\_\_ Date

\_\_\_\_\_  
Applicant's Signature

**PART E – CHECK LIST & ADDITIONAL INFORMATION**

**PLEASE INCLUDE ALL PROPER DOCUMENTATION WITH THIS APPLICATION! APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING! Please check off list! Thank you!**

New Program Applicants		Continuing Applicants Program	
Letter of Acceptance/Continuation from Ed. Institution		Course Outline or Registration	
Course Outline or Registration			
Program Costs: Tuition & Books			
Most Recent Transcript			

**MAIL APPLICATION TO:** Long Plain First Nation Post Secondary Program  
Box 430  
Portage la Prairie, MB  
R1N 3B7

OR FAX: 1-204- 252-2012

**THANK YOU FOR APPLYING TO THE POST SECONDARY PROGRAM**