



**SANDY BAY OJIBWAY FIRST NATION POST-SECONDARY
STUDENT SUPPORT PROGRAM HANDBOOK**

Box 109, Marius MB R0H 0T0
Phone: (204)843-2431 Fax: (204)843-2269

Email:

gloria.beaulieu@ibms.ca

nikki.beaulieu@ibms.ca



PLEASE PRINT CLEARLY AND COMPLETE FORM

SECTION 1: PERSONAL INFORMATION		DATE RECEIVED:	
Treaty Number (10 Digits)	Social Insurance Number	Date of Birth (yyyy/mm/dd)	
Full Name		Gender (please circle)	
Current Address	City/Town	Male	Female
		Prov	Postal Code
Permanent Address (if different from above)	City/Town	Prov	Postal Code
		Cell Phone	Home Phone
Emergency Contact (name, phone #, relationship)			

SECTION 2: REQUEST FOR EDUCATIONAL ASSISTANCE			
Session or Term and Year applying for:			
FALL 20_____	Winter 20_____	Spring/Summer 20_____	
Student Category, please check one.			
<input type="checkbox"/> New Student (no previous funding or not currently funded by SBOFN PSSSP)			
<input type="checkbox"/> Continuing Student (currently funded student, continuing current program of studies in the next term or academic year)			

I hereby make application for educational assistance to attend:

Institution:	Student Number	Location
Program of Studies:	Total length of program	
Area of Study (Major/Minor):	Method of Delivery (Classroom/Distance/Online/Blended/Modular)	
Start and End Date for Term/Session applying for:	Expected Date of Graduation:	
ATTENDANCE: _____ Full-time _____ Part-time	Type of Assistance requested: Living Allowance_____ Tuition/Books/Supplies_____ Tuition/Course_____	
*Only full-time, day programs are eligible for a living allowance. Upon completion, I will achieve: Certificate / Diploma / Bachelors / Masters / Doctorate PHD / Other		



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SECTION 3: FAMILY INFORMATION				
Please list all Dependents Children who will live with you during period of sponsorship:				
Name	Date of Birth	Treaty Number	Grade/School	Lives with me

Marital Status: Single _____ Married/Common-law _____

SPOUSE'S NAME	D.O.B.	TREATY NUMBER
During my sponsorship, my spouse will be:		
<input type="checkbox"/> Dependent <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Funded by: _____		

SECTION 4: ACADEMIC HISTORY				
Do you have a Grade 12 Diploma? _____ Mature 12 Diploma? _____ GED? _____ Year Graduated: _____				
HIGH SCHOOL ATTENDED	LOCATION	GRADE LEVEL COMPLETED		
Please list all previous post-secondary training and if you were sponsored from SBOFN PSSSP below.				
INSTITUTE	PROGRAM	DURATION	DATE OF GRADUATION/INCOMPLETE	RECEIVED SPONSORSHIP (YES/NO)
Have you ever had your sponsorship terminated?			YES	NO
Have you ever been academically suspended or terminated by an institution?			YES	NO
Have you ever withdrawn from a program before completion while funded by SBOFN PSSSP?			YES	NO
I you answered yes to any of the above, please explain briefly:				

SECTION 5: SOURCE OF INCOME				
Current source of income:				
Current or last employer:				
Are you eligible for E.I. benefits? YES / NO				
Have you applied for other sources of funding? YES / NO If yes, where? Approved? YES / NO				

SECTION 6: ADDITIONAL INFORMATION
Please provide any other additional information you feel is relevant to your application, including any specific requirements.



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I hereby undertake the following as conditions for sponsorship by the Sandy Bay Post-Secondary Program.

- To attend all scheduled classes, tutoring sessions and learning assistance programs.
- To consult with my Counselor if any programs arise academically, emotionally, physically or financially.
- To adhere to school regulations and meet the academic requirements for continuation of my course of studies.
- To provide a transcript of marks and reports to S.B.P.S.P after each term.
- To adhere to sponsorship rules and regulations stated in the S.B.P.S.P Student Handbook.
- To consult with my Counselor of any changes of residence, dependants, etc.
- I declare that the information provided by me on the application form is complete and correct and is given in order to substantiate my entitlement for Educational Assistance.
- I hereby agree to advise the Sandy Bay First Nation Post-Secondary Program of any change in dependency, income from either work or social assistance for myself or my spouse as these items may affect Educational Assistance rates.
- I further authorize the release of information from First Nations Social Service Agencies, or Provincial Security, to Sandy Bay First Nation Post-Secondary Program to obtain any information required to determine my and/or dependants eligibility for Educational Assistance.
- I also give permission for S.B.P.S.P. to verify or confirm with any source the correctness and accuracy of the information contained in this application.
- As well, I do hereby give permission to S. B.P.S. P. to disclose any information regarding my student sponsorship to the appropriate authorities at the local First Nations (i.e.: Social Assistance worker).

Signature:

Date:

APPLICATION WILL NOT BE CONSIDERED UNLESS ACCOMPANIED BY THE FOLLOWING DOCUMENTS.

1. Letter of Acceptance from Educational Institution Course Outline or Registration.
2. Program Costs: Tuition and Books.
3. Latest Transcripts or Grades.
4. Certificate of Indian Status Card (photocopy of both sides)
5. Medical Health Card (photocopy of both sides)
6. Medical Health Card of Spouse (photocopy of each side) if claiming spouse.
7. A short Education Plan outlining your education goals and length of time it will take you to complete the program,

Please enclose all documentation required and if possible email to post.secondary@ibms.ca as soon as possible.