

**KEY FIRST NATION  
POST SECONDARY EDUCATION**

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POST SECONDARY EDUCATIONAL ASSISTANCE  
NEW APPLICATION

PROTECTED WHEN COMPLETED

**"PLEASE PRINT CLEARLY"**

**PLEASE NOTE APPLICATIONS NOT COMPLETED WILL BE RETURNED,  
PLEASE FILL ALL SECTIONS THAT APPLY TO YOU. THIS WILL SAVE YOU  
AND PSE TIME.**

Date of Application: \_\_\_\_\_ Student Months Used: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Academic Year \_\_\_\_\_

Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

General Information

1. Full Name: \_\_\_\_\_ 2. Former Name: \_\_\_\_\_

3. Student Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Message: \_\_\_\_\_

Email address: \_\_\_\_\_

4. Treaty # \_\_\_\_\_ 5. Male \_\_\_\_\_ Female \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Single \_\_\_\_\_ Single Parent \_\_\_\_\_ Married/Common Law \_\_\_\_\_

Is your spouse employed? Yes No

8. Number of Dependant Children: \_\_\_\_\_

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9. Please list your dependant children is applicable:

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Next of Kin: \_\_\_\_\_

Telephone: \_\_\_\_\_

Previous Education and Training:

11. Please offer information regarding your elementary and secondary schooling and, as well, any post secondary training/education you may have undertaken.

School Name	Location	Year Completed
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\_\_\_\_\_

Program Completed	Certificate/Diploma/Degree
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\_\_\_\_\_

Elementary

\_\_\_\_\_

Secondary

\_\_\_\_\_

Post Secondary

\_\_\_\_\_

Present Education Goals:

12. Name/Address of Post Secondary Institution you wish to attend:

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Course/Program: \_\_\_\_\_

Year:    Prep   1   2   3   4   Grad

Program Length: \_\_\_\_\_

Funding Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

13. (Do only if you are a first-year student or if your goals have changed since your last application.) Briefly describe both your short-term and long-term educational goals, indicate clearly the importance of the course/program you wish to attend. Use separate paper and attach to the application. Please write neatly and clearly.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**CONTRACT BETWEEN  
THE STUDENT AND SPOUSE, AND  
KEY FIRST NATION, POST SECONDARY EDUCATION**

I UNDERSTAND THE FOLLOWING CONDITIONS FOR SPONSORSHIP BY KEY FIRST NATION FOR POST SECONDARY STUDIES:

1. I WILL ACCEPT THE RESPONSIBILITY TO ADHERE TO THE SCHOOL REGULATIONS AND MEET THE STANDARDS REQUIRED BY THE SCHOOL FOR CONTINUATION IN MY COURSE OF STUDIES.
2. I AGREE TO ATTEND CLASSES REGULARLY.
3. I AGREE TO CONSULT WITH A COUNSELLOR IF ANY PROBLEMS ARISE ACEDEMICALLY, EMOTIONALLY, PHYSICALLY AND FINANCIALLY.
4. I AGREE TO PROVIDE MY MARKS AND REPORTS ON A SEMESTER BY SEMESTER BASIS TO THE KEY FIRST NATION AND/OR UPON KEY FIRST NATION'S REQUEST.
5. I AGREE TO REPORT ANY CHANGES TO MY STUDENT AND/OR PROGRAM STATUS PROMPLTY. I UNDERSTAND THAT IT IS A SERIOUS MATTER TO PROVIDE FALSE INFORMATION AND/OR FAIL TO REPORT ANY CHANGE IN THE INFORMATION PROVIDED.
6. I AUTHORIZE THE KEY FIRST NATION DIRECTOR OF EDUCATION TO OBTAIN INFORMATION FROM PERSONS, AGENCIES, ORGANIZATIONS OR OTHER FIRST NATIONS TO DETERMINE AND/OR VERIFY MY ELIGIBILITY FOR BENEFITS OR SERVICES UNDER THE POST SECONDARY STUDENT ASSISTANCE PROGRAM.
7. I DECLARE THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND I MAKE THIS SOLEMN DECLARATION BELIEIVNG IT TO BE TRUE AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.
8. I UNDERSTAND THAT I HAVE THE RIGHT TO APPEAL ANY DECISION MADE WITH RESPECT TO MY APPLICATION FOR SPONORSHIP.

I HEREBY AGREE TO THE TERMS/CONDITIONS FOR FINANCIAL ASSISTANCE THAT I HAVE READ ABOVE.

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STUDENT SIGNATURE

DATE

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SPOUSE SIGNATURE

DATE

I HEREBY AGREE AS A SPONSOR TO PROVIDE MORAL SUPPORT AND ENCOURAGEMENT THAT MAY BE NEEDED BY THIS STUDENT TO COMPLETE HIS/HER STUDIES.

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SPONSOR SIGNATURE (OPTIONAL)

DATE

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