



FISHER RIVER STUDENT SERVICES
 Box 368 Koostatak, Manitoba ROC 1SO
 Phone: (204) 645-2116
 Fax: (204) 645-2788
 Email: arlenet@frcneducation.ca
APPLICATION FOR EDUCATIONAL ASSISTANCE

STUDENT INFORMATION

Treaty Number (10 digit)

2 6 4 0

Birth Date (mm/dd/yy)

Social Insurance Number

Status (check one)

Continuing Student

Deferred student

Previously funded student - successful

Grade 12 student

New Student

Previously funded student - unsuccessful

Documents To Be Included

Latest Transcript

Acceptance Letter

Direct Deposit Form

Program Description

Course List

Tuition & Book Costs

Last Name: _____ First Name: _____ Second Name: _____

Address: _____ City/Province: _____ Postal Code: _____

Cell #: _____ Email: _____

Other phone #: _____ Emergency Contact & Phone #: _____

STUDENT PROFILE

Sex (as listed on Treaty status):

- M
- F

Marital status:

- Single
- Common Law/Married - Spouse Name: _____

Please list all Dependent Children who live with you during period of sponsorship (If more space needed, please list separately)

Name	Date of Birth	Grade	School	Treaty Number (if applicable)

EDUCATION PLAN

Program or Course: _____ Current year of study (e.g. 1 of 3) _____ of _____

Institution Name: _____ City: _____ Province: _____

Attendance	Academic Period	Program Start/End	Length of Program	Graduation Date
<input type="checkbox"/> Full time	<input type="checkbox"/> Fall (Sept-Dec)	Start: ____/____/____ (mm/dd/yy)	_____ (total months or years)	____/____/____ (mm/dd/yy)
<input type="checkbox"/> Part time	<input type="checkbox"/> Winter (Jan-April)	End: ____/____/____ (mm/dd/yy)		
	<input type="checkbox"/> Spring (May & June)			
	<input type="checkbox"/> Summer (July & August)			

NOTE: If your program runs on a 3 and not 2 semester system, please include start & end dates for each term.

Deadline date for Spring/Summer session is February 28th
 Deadline date for Fall/Winter academic year is May 15th
 Please ensure your application is accurate and complete – late & incomplete applications will not be accepted.

RELEASE OF INFORMATION

I, the undersigned, authorize _____ (name of institution) to release my student history, i.e. attendance, progress, copies of transcripts, current course registrations, etc., to my sponsoring agency, Fisher River Student Services, effective immediately.

My Student Number: _____

This policy is in recognition of _____ (name of institution) policy which protects confidentiality of student histories.

Signature of Student

Date

I understand the following CONDITIONS FOR SPONSORSHIP by Fisher River Student Services

1. To attend classes regularly
2. To consult with Post Secondary Student Services if any problems arise academically, emotionally or financially.
3. To meet the standards required by the institution for continuation in my program of studies.
4. To provide my marks, transcripts and reports to the Fisher River Student Services upon request.
5. To conduct myself in a respectful, responsible and trustworthy manner at all times. My conduct should be professional and instill public confidence in the Fisher River Board of Education. This includes my conduct on social media.
6. To adhere to any rules and regulations as may from time to time be advised to me by the Post Secondary Student Services.
7. To accept responsibility for satisfying the academic or training requirements of the above institution and managing the educational assistance funds to the best of my ability.

I HAVE READ this application for educational assistance AND AGREE to the conditions as outlined.

Signature of Student

Date

Signature of Parent, if applicant is under 18 years of age

Fisher River Cree Nation
POST SECONDARY



APPLICATIONS CAN BE SUBMITTED BY:

Mail - Fisher River Student Services Box 368 Koostatak, Manitoba ROC 1SO	Fax- 1 (204) 645-2788	Email - arlenet@frcneducation.ca
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PLEASE NOTE:

ALL STUDENTS ARE REQUIRED TO COMPLETE AN APPLICATION FOR FUNDING FOR EACH FALL/WINTER AND/OR SPRING/SUMMER TERM.

OFFICE USE ONLY

APPROVED

NOT APPROVED

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