

**KEESEKOOSE POST SECONDARY EDUCATION
APPLICATION FOR FUNDING**

Date of Birth (Month/Day/Year)

Gender

Bank Name

Bank Transit Number	Bank Account Number

Marital Statue: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated/Divorce
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Spouse's Name _____ Band _____
Is spouse employed? <input type="checkbox"/> yes <input type="checkbox"/> no

Dependent(s) if applicable:		
Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FUNDING APPLICATION DEADLINES:

Spring/Summer	February 28
Fall	June 30
Winter	October 31

THESE DEADLINES SHALL BE STRICLY ADHERED TO.

STUDENTS MUST SUBMIT A FUNDING APPLICATION EVERY SEMESTER. (Not to exceed 2 semesters per year)

THE FUNDING APPLICATION MUST BE COMPLETELY FILLED, TO DETERMINE ELIGIBILY OF THE APPLICANT. FAILURE TO COMPLY WILL RESULT IN DELAYS IN PROCESSING YOUR APPLICATION.

IT IS IMPORTANT TO FILL IN THE EDUCATION HISTORY SECTIONS, FOR THE NUMBER OF YEARS YOU WERE FUNDED, AND THE YEAR OF STUDY YOU ARE IN AT THE TIME OF THE APPLICATION.

KEESEEKOOSE POST SECONDARY EDUCATION

Box 1120
KAMSACK, Saskatchewan S0A 1S0
Phone (306)542-2012 Fax (306)542-2586

APPLICATION FOR FUNDING

CIRCLE SEMESTER APPLYING FOR **SPRING/FALL/WINTER**

ACADEMIC YEAR 2011/2012

CIRCLE FUNDING TYPE **PART TIME/SHORT TERM/FULL TIME**

CIRCLE STUDENT TYPE **NEW/CONTINUING/RETURNING**

Treaty Number _____	Student Number _____
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Given Name(s) _____

Surname _____

Former Name(if applicable) _____

Phone Number Home _____ Work/Other _____

Student Address Street/Box _____ Town/City _____ Country ____ Postal Code/Zip ____
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Next of Kin Name _____ Phone Number _____ Street/Box _____ Town/City _____ Country _____ Postal Code/Zip _____

**KEESEEKOOSE POST SECONDARY EDUCATION
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Institute Name _____

Institute Address Street/Box _____ Town/City _____ Country _____ Postal Code/Zip _____
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Faculty Name _____

Program Name _____

Length of Program # of years _____ 1 year _____ 2 years _____ 3 years _____ 4 years
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Year of Study Applying for _____ 1 year _____ 2 years _____ 3 years _____ 4 years
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Secondary Education History			
Name of High School	City/Town	Grade Complete	Year Complete

Post Secondary Education History			
Name of Institute	Program	Year of Study & Year Completed	Funded
_____	_____	_____	yes or no
_____	_____	_____	yes or no

Additional Comments _____ _____ _____
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1. I AGREE TO SUBMIT MY MOST RECENT TRANSCRIPTS AND REGISTRATION, AS SOON AS POSSIBLE (includes Students who graduate/convocate).

2. I AGREE TO REPORT ANY CHANGES MADE TO MY FUNDING APLICATION INFORMATION.

3. I.3
UTHORIZE KEESEEKOOSE POST SECONDARY EDUCATION TO OBTAIN INFROMATION FROM PERSONS, AGENCIES OR ORGANIZATIONS TO DETERMINE AND/OR VERIFY MY ELIGIBILTY FOR FUNDING.

4. I DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND I MAKE THIS SOLEMN DECLARATION BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.

Date	Signature
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