

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Treaty Number

\_\_\_\_\_  
Application submitted on: Date



# Montreal Lake Cree Nation

## APPLICATION FORM FOR POST SECONDARY EDUCATION ASSISTANCE

Box 90

Montreal Lake, Saskatchewan

S0J-1Y0

Phone: (306) 663-5100 Toll Free: 1-888-303-0335 Fax: (306) 663-5499

Email: [mlcn.studentservices@mlcn.ca](mailto:mlcn.studentservices@mlcn.ca) / [psspsdirector@mlcn.ca](mailto:psspsdirector@mlcn.ca)

Website: <https://mlcn.ca>

**Deadline Dates:** March 31<sup>st</sup> – Summer Term – May commencement  
June 30 – Fall Term – September commencement  
Oct 31<sup>st</sup> – Winter Term – January commencement

OFFICE USE:

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Received by:

**PART-A ASSISTANCE REQUIRED**

Are you a: Continuing student? \_\_\_\_\_ (Please update information and send official transcripts from last semester.)

New applicant for **part-time** studies? \_\_\_\_\_ (please complete parts B, C and F)

New applicant for **full-time** studies? \_\_\_\_\_ (please complete parts B, C, D, E and F)

Will you be receiving an income from any other source? \_\_\_\_\_ yes \_\_\_\_\_ no

E.I.: \_\_\_\_\_ Social Assistance: \_\_\_\_\_ Student Loan: \_\_\_\_\_ Other: \_\_\_\_\_

**PART-B STUDENT INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ SIN number \_\_\_\_\_

Current Address / City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Home/Permanent Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

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

Sex: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ D.O.B \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Status Number \_\_\_\_\_

Marital Status: \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ common-law \_\_\_\_\_ single parent

Bank Name: \_\_\_\_\_ Transit # \_\_\_\_\_ Account # and type: \_\_\_\_\_

**PART-C PROGRAM OF STUDIES/TERMS**

(check all that apply) check fall and winter if you are attending both terms. One (1) academic year is from Sept - April. You will only be approved for what you request.

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Intersession/Summer: \_\_\_\_\_

Program/Course of Study \_\_\_\_\_ Institution Location \_\_\_\_\_

Institution: Acceptance Letter \_\_\_\_\_ yes \_\_\_\_\_ no Documents attached \_\_\_\_\_ yes \_\_\_\_\_ no

Technical/Community College: \_\_\_\_\_ University: \_\_\_\_\_ Private Institution: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Start Date \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

Please submit along with your application, a hand written letter informing the PSSSP office, of the advanced concept of your educational aspirations and future goals. The purpose of this document is for the Post-Secondary office to assist you with your future endeavours as outlined in your letter.

**PART- D FAMILY STATUS**

Spouse's name \_\_\_\_\_ Spouse's Treaty# \_\_\_\_\_

Is spouse presently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO full-time \_\_\_\_\_ part time \_\_\_\_\_  
other (explain) \_\_\_\_\_

**NOTE:** If you claim single and the PSSSP is informed you live with a spouse, you will be receiving the single student rate until verification of employment status and/or income verification has been submitted to the PSSSP regarding the spouse.

List your dependents and their ages:

Name	Age	Does he/she reside with you?	Treaty Number

**PART- E PREVIOUS EDUCATION AND TRAINING**

Schooling/ Training	Name	Location	Program Completed	Year Completed	Cert. Or dip required
High School					
Community College					
Technical Institute					
University					
Other (specify)					

## PART-F STUDENT CONTRACT

*I understand the following conditions apply to my sponsorship by the Montreal Lake Post-Secondary Student Support Program for educational 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 and I will also submit every month the **Student Declaration of Attendance** form and I am aware that failure to do so will result in a delay of receiving my student allowance for the month.
3. I **agree** to consult with the Counsellor or Coordinator if any problems arise academically, emotionally, physically and financially.
4. I **agree** to provide **my transcripts every term** to the Montreal Lake Post-Secondary Student Support Program.
5. I **agree to report any changes** to my student and/or program status promptly. I understand that it is a serious matter to provide false information and/or fail to report any changes in the information provided.
6. I **authorize** Montreal Lake Post Secondary Student Support Program to obtain information from persons, agencies, or organizations to determine and/or verify my eligibility for benefits or services under the Montreal Lake Post Secondary Student Support Program.
7. I **declare** that all the information provided is true and complete and I make solemn declaration believing 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 sponsorship in accordance with Montreal Lake Post-Secondary Student Support Program policies.
9. I **understand** that when I leave the PSSSP as a student any money that I may be in debt will be recovered by future sponsorship by the PSSSP or future EMPLOYMENT with the Montreal Lake Cree Nation in the way of deductions to my allowance or to my payroll.

**I have read the above and I hereby agree to the terms and conditions for financial assistance.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## MONTRÉAL LAKE CREE NATION

### POST-SECONDARY STUDENT SUPPORT PROGRAM

P.O. Box 90  
Montreal Lake, SK  
S0J 1Y0  
Phone: (306) 663 - 5100 Fax: (306) 663 - 5499 Toll Free: 1-888-303-0335  
Email: [mlcn.studentservices@mlcn.ca](mailto:mlcn.studentservices@mlcn.ca) or [pssspdirector@mlcn.ca](mailto:pssspdirector@mlcn.ca)

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#### RELEASE OF INFORMATION

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Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Student D.O.B: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Note:

By providing you with this RELEASE OF INFORMATION LETTER

I, \_\_\_\_\_ hereby authorize you to release any information in connection with my academic programming with your organization to the Montreal Lake Cree Nation Post Secondary Program.

All requested information can be sent to:

MLCN Post Secondary  
P.O. Box 90  
Montreal Lake, SK; S0J 1Y0  
Fax: (306) 663-5499  
Email: [mlcn.studentservices@mlcn.ca](mailto:mlcn.studentservices@mlcn.ca) or [pssspdirector@mlcn.ca](mailto:pssspdirector@mlcn.ca)

I declare that all the information provided is true and complete.

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



## MONTREAL LAKE CREE NATION

### POST-SECONDARY STUDENT SUPPORT PROGRAM

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Montreal Lake, SK  
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Phone: (306) 663 - 5100 Fax: (306) 663 - 5499 Toll Free: 1-888-303-0335  
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## Student Check List

STUDENT NAME: \_\_\_\_\_ TREATY # \_\_\_\_\_

INSTITUTION: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

LOCATION: \_\_\_\_\_

**In order to complete your funding application we need the following pieces of information to be submitted to our office as soon as possible;**

\_\_\_\_\_ A MLCN PSSSP Application form for funding including **Email Address**

\_\_\_\_\_ A copy of your **treaty/status card** (front & back)

\_\_\_\_\_ A copy of your **hospitalization card** for yourself and all your dependents.

\_\_\_\_\_ A copy of your **Child Tax Benefit** outlining all your dependents.

\_\_\_\_\_ A copy of your **official transcripts** from all previous institutions attended.

\_\_\_\_\_ An official copy of your **Grade 12 transcripts**

\_\_\_\_\_ A **letter of acceptance** from the institution you applied to.

\_\_\_\_\_ A **class registration** from the institution

\_\_\_\_\_ **Student Contract to be signed**

\_\_\_\_\_ **Other**

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**Please send in whatever information you have that's on this check list before the deadline. Include a note with a small explanation for what's missing ex. Sent for transcripts and waiting for them or still waiting for letter of acceptance from institution.**

Academic year: \_\_\_\_\_