

ST. MARY'S INDIAN BAND  
Post Secondary Education Application Form

**PLEASE COMPLETE IN FULL**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Name \_\_\_\_\_  
Surname First Middle

Address \_\_\_\_\_

City \_\_\_\_\_  
Province Postal Code

E-mail Address \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Alternate Phone # (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Band Affiliation \_\_\_\_\_

Band Number \_\_\_\_\_ SIN # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Health # \_\_\_\_\_  
Day Month Year

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

Relationship of Contact Name \_\_\_\_\_

**FAMILY INFORMATION**

Marital Status Married \_\_\_\_\_ Single \_\_\_\_\_ Single Parent \_\_\_\_\_

List all persons living in your household (excluding yourself)

Surname	Given Name	Relationship	Age

Have you ever received Education Funding from St. Mary’s Band? If yes, fully complete below.

Year(s)	Program of Study	Institution	Outcome (i.e. Completed, Withdrew, Partially completed, etc.	Certification Achieved	Funding Received (i.e Tuition & Books only or full + living allowance)

Will you be receiving funds through student loans, Social Assistance or EI? Yes\_\_\_\_\_ No\_\_\_\_\_

\*\*Please be aware that while a student is receiving a living allowance from SMKS, they may not receive funding from the following: Social Assistance, Employment Insurance or a Canada Student Loan. However students who are NOT receiving a living allowance may apply to these services to cover the cost of living as applicable. **ST. MARY’S INDIAN BAND**

New Student\_\_\_\_\_

Returning Student\_\_\_\_\_

**EDUCATION INFORMATION**

**Highest Academic Level Previously Completed**

Name\_\_\_\_\_

Location\_\_\_\_\_

Course Attended/Program\_\_\_\_\_

Degree Achieved?\_\_\_\_\_ Year\_\_\_\_\_

**Current Application**

Name of Institute you Plan on Attending\_\_\_\_\_

Address\_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Program of Study \_\_\_\_\_

Length of Program \_\_\_\_\_ Year of Study \_\_\_\_\_

Anticipated date of Graduation \_\_\_\_\_

**Certificate** \_\_\_\_\_ **Diploma** \_\_\_\_\_ **B.A.** \_\_\_\_\_ **Masters** \_\_\_\_\_ **PHD** \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Courses First Semester (Quarter) \_\_\_\_\_ Courses Second Semester (Quarter) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Courses Third Semester (Quarter) \_\_\_\_\_ Courses Fourth Semester (Quarter) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a personal essay with your application detailing your educational and career goals and what steps you will need to take to achieve them. Discuss why education is important to you and how having an education will improve your living situation. Discuss who can help you reach these goals and how they can support you. Also discuss what obstacles may prevent you from reaching your goals, and how you plan on overcoming these obstacles if/as they arise.



**ST. MARY'S INDIAN BAND**

Post Secondary Education Monthly Budget Form

*If your monthly expenses exceed your income, please attach a letter that explains how you plan to support yourself fully.*

<b>INCOME</b>	<b>Study Period Totals</b>	<b>Budgeted Amount For the Month</b>
Regular or Part-time Wages		
Summer Employment Savings		
Scholarship/Bursary funds		
Other Income (List)		
Spousal Income		
<b>Total Income</b>		
<b>Expenses</b>		
<i>Housing Expenses</i>		
Rent/Mortgage		
House Insurance		
Property Taxes		
Heat/Electricity		
Phone/Cell Phone		
Cable/TV		
Internet		
<b>*Transportation Expenses:</b>		
Car Payment		
Car Insurance		
Gas		
Auto Repairs		
Public Transportation		
Travel to and from Institution		
<b>Living Expenses</b>		
Groceries		
Clothing		
*Child Care		
Spending Money (Entertainment)		
Miscellaneous Expenses		
<b>Total Expenses</b>		
<b>Net Income (income less exp.)</b>		

**ST. MARY'S INDIAN BAND**

# Post Secondary Student Declaration Form

## Student Declaration

**Initial**

I \_\_\_\_\_, hereby declare I have completed to the best of my knowledge all required sections of the Post Secondary Application Forms, with accurate, truthful information. \_\_\_\_\_

I further declare that I agree to abide by all clauses contained in the St. Mary's Indian Band Policies and Procedures. \_\_\_\_\_

I can confirm that I have been a Canadian resident for the past 12 consecutive months. \_\_\_\_\_

I hereby authorize the Education Coordinator to access information concerning my attendance, grades, and all other information that pertains to my well being and success. \_\_\_\_\_

In the event of an overpayment of non-justified payments I hereby authorize St. Mary's Indian Band to deduct from my salary, a fixed percentage of income should I be employed by St. Mary's Indian Band or any of its Service Councils. Furthermore, I acknowledge that the St. Mary's Indian Band reserves the right to forward all outstanding overpayments or non-justified payments to a collection agency. \_\_\_\_\_

I agree that should I fail to comply with the guidelines governing the St. Mary's Indian Band Education Policies and Procedures, or should I knowingly provide false information regarding my application, and/or my on-going status as a Post Secondary student, that all financial support may be withheld or immediately terminated, and all funds paid on my behalf will be required to be immediately reimbursed in full. \_\_\_\_\_

I have read and understand this application for Post Secondary Education Assistance as well as the St Mary's Band Education Policies & Procedures. \_\_\_\_\_

I understand that I must create a budget using all sources of income, and that this budget is for the purpose of understanding the costs of becoming a student. This budget will not affect funding decisions of the Board, however living allowances are viewed as supplementary and may not cover all necessary expenses. \_\_\_\_\_

I understand that I must submit amid-term and final report to the Education Coordinator, and that all efforts should be taken to access support services as needed/available to maintain academic success. \_\_\_\_\_

I agree to all conditions outlined in this application and agree to be bound by all regulations contained in the St. Mary's Indian Band Education Policies and Procedures. \_\_\_\_\_

In signing this application, I hereby authorize St. Mary's Indian Band education department to disclose the following personal information to INAC: name, social insurance number, institution attended, program, support provided, overall training months received, and program completion dates. Furthermore, I give my permission for St. Mary's Indian Band to make inquiries and receive information in regards to my past/current education records including transcripts, grades, achievements, attendance and conduct. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day      Month      Year

\_\_\_\_\_  
Parent/Guardian/Witness Signature (if applicant under 19)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day      Month      Year