

Saddle Lake Post Secondary
WINTER APPLICATION 2024

**SADDLE LAKE POST SECONDARY
SPONSORSHIP APPLICATION PACKAGE**

Saddle Lake Education Authority

Box 130, Saddle Lake, AB T0A 3T0

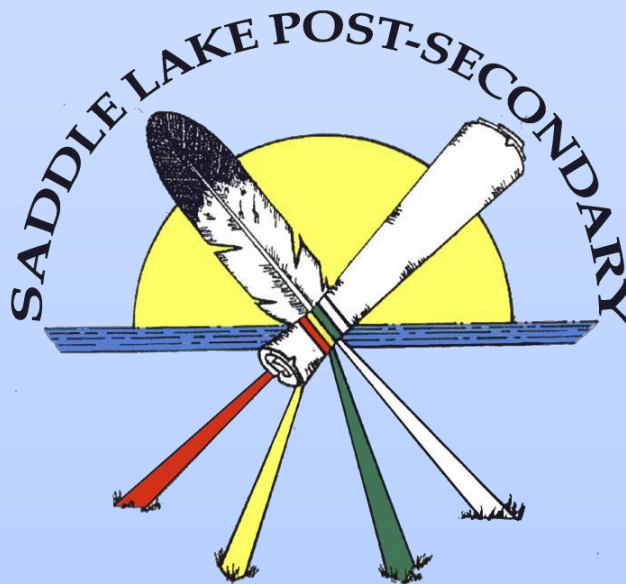
TELE: 780-726-7609

FAX: 780-726-4069



Last Updated:
September 14, 2023

Assisting Students to Achieve Personal Success & Academic Excellence





Saddle Lake Post Secondary WINTER APPLICATION 2024



The Saddle Lake Post Secondary staff will process all applications and confidentiality will be maintained throughout the application process. The Saddle Lake Education Authority will review all Post-Secondary applications, which are eligible for sponsorship, provided that all criteria are met. Final decisions will be made by the Saddle Lake Education Authority. An applicant will be informed in writing of the Board's decision by the Saddle Lake Post-Secondary staff. An applicant must apply at the Saddle Lake Post-Secondary office, preferably in person, prior to the deadline dates for sponsorship. **Failure to submit all documents prior to deadline date(s) shall result in denial of educational sponsorship.** For audit purposes all applications must be signed by the applicant.

AS OF SEPTEMBER 2013 – All Students are required to fill out a Sponsorship Application for EACH TERM.

Please reference the SLPS Student Policy Manual for additional information at <http://www.slps.ca>

PART 1: A **NEW** applicant shall provide **all** of the following documentation:

1. Complete and Sign Application & WAIVER Forms per term;
2. Acceptance letter from the Post-Secondary institution;
3. All current & **up-to-date** Transcripts from previous enrolment;
4. Career plan (one page essay outlining career objectives);
5. Two letters of reference (immediate family members excluded);
6. Fee Assessment & Course Schedule from Post Secondary institution;
7. Photocopy (good quality) of the following:
 - a. Indian Status Card;
 - b. Provincial Health Care Card of applicant and **all** dependent(s), if applicable;
 - c. Photocopy of S.I.N. card;
8. Employer verification, if applicable; and
9. A void cheque or a Pre-authorization Form from your banking institution (if approved for sponsorship).

Note: **Tuition deposits and/or application fees shall remain the responsibility of a new applicant and will not be reimbursed if he or she has not been selected for educational assistance.**

PART 2: A **CONTINUING** student shall provide the following documents on a yearly basis:

1. Complete and Sign Application & WAIVER Forms per term;
2. Confirmation of registration or acceptance letter from Post Secondary institution;
3. Transcripts from previous year; and
4. Course schedule;
5. Fee Assessment schedule from Post Secondary institution;
6. Employer verification, if applicable.

Note: *An application for a continuing student must be submitted, **per term**, by appropriate deadline dates; sponsorship will be dependent on academic performance.*

PART 3: **Spring (May & June) or Summer (July & August) or Intersession (May – August)** - A **continuing** student **OR new** applicant shall provide the following documents on a yearly basis for sponsorship support:

1. **New Applicant** – refer to Part 1 and reference **Note** below
2. **Continuing Student** – refer to Part 2 and reference **Note** below

Note: *Student must be enrolled in at least two (2) 3-credit courses or one (1) 6-credit course per term to be considered for full-time funding (tuition, books, & post-secondary allowance)*

APPLICATION DEADLINES

FALL – JUNE 01 * WINTER – OCTOBER 15 * SPRING/SUMMER – MARCH 15



Saddle Lake Post Secondary WINTER APPLICATION 2024



DEADLINE DATE: OCTOBER 15TH

APPLICANT IDENTIFIER			
<p style="text-align: center;">CHECK ONE:</p> <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RETURNING <input type="checkbox"/> CONTINUING <input type="checkbox"/> GRADUATE <input type="checkbox"/> DEFERRED <input type="checkbox"/> UCEPP			
<p style="text-align: center;">DO YOU LIVE:</p> <input type="checkbox"/> ON-RESERVE <input type="checkbox"/> OFF-RESERVE		<p style="text-align: center;">GENDER:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male	
		<p>TREATY #: 4620 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
APPLICANT INFORMATION			
*LAST NAME:		FIRST NAME:	INITIAL:
MAIDEN / PREVIOUS LAST NAME(S):		DATE OF BIRTH: MM / DD / YR	
*ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
*PRIMARY PHONE #1:		SECONDARY PHONE #2:	
*E-MAIL ADDRESS:			
PROGRAM INFORMATION:			
*PROGRAM NAME:		ATTENDANCE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
PROGRAM TYPE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> AFTER DEGREE <input type="checkbox"/> MASTERS <input type="checkbox"/> PHD			
LENGTH OF PROGRAM: MONTHS OR YEARS		START DATE:	END DATE:
INSTITUTIONAL ACCEPTANCE: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> CONTINUED <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> PROBATION			
INSTITUTION INFORMATION:			
NAME OF INSTITUTION:		LOCATION:	
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
PHONE #:		FAX #:	
WEBSITE:			
<i>If Partnering Schools, please add Partnered School (e.g. BQFNC & Athabasca University)</i>			
PROGRAM:		NAME OF INSTITUTION:	
WEBSITE:			



Saddle Lake Post Secondary WINTER APPLICATION 2024



DEPENDENTS - Please list from OLDEST to YOUNGEST & are UNDERS THE AGE OF 18 YEARS

LAST NAME	FIRST NAME	DATE OF BIRTH
1.		MM / DD / YR
2.		MM / DD / YR
3.		MM / DD / YR
4.		MM / DD / YR

CERTIFICATIONS OBTAINED (e.g. Certificates, Degree)

NAME & TYPE:	YEAR OBTAINED:
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NAME & TYPE:	YEAR OBTAINED:
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EDUCATIONAL HISTORY – Previous Support from Saddle Lake Post Secondary by Months.

UCEP	COLLEGE	UNIVERSITY	GRADUATE
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COMMENTS:

I hereby make application for Student Support and accept the following conditions:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. To become familiar with the Student Policy standards, limitation, and guidelines. SLPS Student Policy Manual available for review. 2. To meet the standards required by the institution for continuation of sponsorship. 3. To provide transcripts or statements of performance at the end of each semester to Post Secondary to ensure continued sponsorship. | <ol style="list-style-type: none"> 4. To report <u>any</u> changes to my student and/or program status Promptly TO the Saddle Lake Post Secondary Program. 5. To manage my education and funding to the best of my ability. 6. I fully understand it is my responsibility to adhere to all these conditions listed above and outlined in SLPS Student Policy. 7. The information provided, on this application, to my knowledge is accurate. |
|--|---|

X Signature: _____ **X Date:** _____

The basic objectives of the **Freedom of Information Protection of Privacy (FOIP) Act** are:

- To ensure the public bodies are open and accountable to the public by providing a right of access to records; and
- To protect the privacy of individuals by controlling the manner in which bodies collect, use and disclose personal information.





Saddle Lake Post-Secondary WINTER WAIVER 2024



2024 FALL WAIVER FORM:

- Use the form to authorize the Educational Institution's Registrar's Office to release your academic information as instructed below to the Saddle Lake Post Secondary Program;
- SIGN and DATE this form and ensure it is attached with the application form.

SADDLE LAKE POST SECONDARY PROGRAM

Saddle Lake Education Authority
Box 130, Saddle Lake, AB T0A3T0
Tele: 780-726-7609
Fax: 780-726-4069

BASIC APPLICANT INFORMATION

TREATY # (10 DIGITS):		4620	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATE OF BIRTH:	MM / DD / YR
LAST NAME:			FIRST NAME:				INITIAL:				
ADDRESS:		CITY:		PROVINCE:			POSTAL CODE:				
PHONE # :											

EDUCATIONAL INSTITUTION(S) - Please Print Clearly

INSTITUTION APPLIED TO:						STUDENT ID #:					
ADDRESS:		CITY:		PROVINCE:			POSTAL CODE:				
PHONE:					FAX:						
WEBSITE:											

INSTITUTION:						STUDENT ID #:					
ADDRESS:		CITY:		PROVINCE:			POSTAL CODE:				
PHONE:					FAX:						
WEBSITE:											

I hereby authorize, the following Educational Institution(s), listed above, to release information regarding my:

Full Record and Other as indicated: _____

Important Note:

This waiver is in effect until the student notifies Saddle Lake Post-Secondary, in writing, to withdraw this authorization. Other Educational Institutions have their own policies regarding waiver of information. Please contact those facilities if you require further information.

X Signature: _____

X Date: _____

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