



POST SECONDARY APPLICATION FORM

Please complete ALL Sections

SEMESTER: FALL _____ WINTER _____ SUMMER _____

Please indicate which semester(s) you will be attending for the upcoming year. Attendance will be confirmed prior to each semester.

SECTION 1 – IDENTIFICATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

MAIDEN NAME: _____ BIRTHDATE: _____ BAND NO. _____
Month/Day/Year

HOME ADDRESS: _____ PHONE (HOME): _____

CITY/PROVINCE/STATE: _____ ZIP/POSTAL CODE: _____

EMAIL ADDRESS: _____ * Important – we need to send information to you!

MARITAL STATUS: 1) Single _____ 2) Married _____ 3) Separated _____ 4) Divorced _____ Date: _____

NO. OF DEPENDENTS: _____ SPOUSES FULL NAME: _____

ARE YOU PRESENTLY WORKING? YES _____ NO _____ PART TIME _____ FULL TIME _____

PLACE OF EMPLOYMENT: _____ PHONE NUMBER: _____

DO YOU RECEIVE ANY OF THE FOLLOWING BENEFITS?

Employment Insurance (EI): _____ Social Assistance: _____ Disability Insurance: _____ Workmen’s Compensation (CSST): _____

SECTION 2 – APPLICATION:

PART TIME STUDIES:

FULL TIME STUDIES:

NAME OF EDUCATIONAL INSTITUTION: _____

STUDENT ID#: _____ PROGRAM MAJOR: _____

SEMESTER:START DATE _____ END DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

ENTERING SEMESTER: 1 2 3 4 5 6 7 8 SEMESTERS TO GRADUATE: _____

SECTION 3 – DECLARATIONS

KAHANWÀ:KE EDUCATION CENTER

I undertake the following as conditions for sponsorship by the Kahnawà:ke Education Center. Information will be held in strict confidence.

1. To attend classes regularly and consistently
2. To consult with my counselor if any academic difficulties occur.
3. To adhere to school regulations and meet the standard required by the school for the continuation of my studies.
4. To provide marks and reports to the Kahnawà:ke Education Center as they become available.
5. I understand that excessive course failure can result in suspension to my privileges for a period of time.
6. To adhere to any rules and regulations as may from time to time be advised to me from the Kahnawà:ke Education Center.
7. I also understand that I must reimburse the Kahnawà:ke Education Center for allowances paid in violation.
8. I have read and am aware of the Post Secondary policies and guidelines.
9. I understand that failure to comply with these conditions could result in termination of Post Secondary Assistance.

KAHNAWÀ:KE HUMAN RESOURCES DEVELOPMENT GROUP

I hereby declare that I have been made aware that any and all information provided by myself to the K.H.R.D.G. **member organization** can be shared and disclosed with other K.H.R.D.G. organizations for the purpose of verification of information; determining program/funding eligibility; to aid in statistical analysis and program design.

I hereby declare that all information provided by myself to any K.H.R.D.G. organization is accurate and true to the best of my knowledge. I understand that providing any false or misleading information, declaration or representation may result in the immediate cancellation of the registration and in the possible disqualification of eligibility for any funding, contributions and services, from the K.H.R.D.G organizations.

I further declare that I will reimburse the appropriate organizations for any allowances paid in violation of the Agreement.

STUDENT SIGNATURE: _____ **DATE:** _____

SECTION 4 - RELEASE OF INFORMATION FORM:

I, _____, _____ Attending _____
Student Name (Please print) Student Number Institution

Consent to the release of academic and other information to the Kahnawà:ke Education Center, who is my sponsoring agency. I understand that any and all information obtained will be used solely for the purposes outlined to meet the requirements of the Kahnawà:ke Education Center’s Post-Secondary Policy and Guidelines Manual.

STUDENT SIGNATURE: _____ **DATE:** _____

SECTION 5 – PERSONAL HISTORY

SOCIAL INSURANCE NO.: _____ MEDICARE NO.: _____

QUEBEC PERMANENT CODE: _____

FATHER’S FULL NAME: _____

MOTHER’S FULL NAME, INCLUDING MAIDEN NAME: _____

SECTION 6 - ACADEMIC HISTORY

LAST HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

GRADE/LEVEL COMPLETED: _____ DIPLOMA: YES: _____ NO: _____ DATE: _____

LAST POST SECONDARY INSTITUTE ATTENDED: _____

ADDRESS: _____

CERTIFICATE/DIPLOMA/DEGREE: _____ DATE COMPLETED: _____

SECTION 7 - CLAIM FOR DEPENDENT (S)

A dependent is a person /child who relies solely on the student.

<u>NAME:</u>	<u>RELATION:</u>	<u>DATE OF BIRTH</u>	<u>LIVES WITH ME (yes/no)</u>	<u>GRADE</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I HEREBY CERTIFY THAT I AM THE SOLE SUPPORTER OF THE ABOVE-MENTIONED DEPENDENT (S).

DATE: _____ SIGNED: _____

OFFICE USE ONLY

FOR KAHNAWÁ:KE EDUCATION CENTER COUNSELOR:

LEVEL OF SPONSORSHIP FULL TIME _____ PART TIME _____

FUNDING PERIOD FROM _____ TO _____

TUITON TOTAL \$ _____

BOOKS & SUPPLIES TOTAL \$ _____

DEPENDENTS NUMBER _____

ALLOWANCE RATE \$ _____ PER WEEK

SPECIAL SHELTER AMOUNT \$ _____

CHILDCARE AMOUNT \$ _____

TRAVEL AMOUNT \$ _____

SIGNATURE: _____ DATE: _____

NOTES/COMMENTS:
