



Salt River Youth and Education
PO Box 960
Fort Smith, NT X0E 0P0
Tel: (867) 872-2494 Fax: (867) 872-2495
Email: education@srfn195.com

APPLICATION FOR SPONSORSHIP

Deadlines:

Fall Term (September to December): July 15

Winter Term (January to April): November 15

Please complete the following steps to ensure your application is not delayed or denied. Ensure **all the requested documents are included** with your application before you submit it back to the band office.

- Make sure the entire application is filled out.
- Attach the acceptance letter from the institution you will be attending.
- Include a cover letter clearly indicating what type of financial assistance you are requesting.
- Include the duration of the course, the start and finish for each semester, tuition fees and total book/student fees.
- Include any transcripts from previous institutions you have attended.
- A rejection letter from another funding agency which indicates you have looked for alternative funding sources before applying with us.
- If you are requesting assistance other than tuition, books or living allowance, you must attach a monthly budget showing your income and expenses.
- If you were being funded the previous semester, you **MUST** attach a copy of your transcripts and indicate in your cover letter that you are a “continuing applicant”.

Should you have any questions or concerns, please call our office and a representative will be happy to assist you.

Sincerely,

The Education Committee
Salt River Youth and Education

ENROLMENT INTENTIONS

Program Desired

APPLYING TO ATTEND:

APPLYING TO BEGIN:

Name of College/University

- Full-time
 Part-time
 Distance Delivery

- Fall
 Winter
 Spring/Summer

PERSONAL DATA

Family (last) Name:		First Name (legal):		Middle Name (legal):	
Mailing Address:		City/Town:		Province:	
Postal Code:		Country:		E-Mail Address:	
Forwarding Address While In School (if different):		City/Town:		Province:	
Telephone (Home):		Telephone (Work or Cell):		Birthdate (YY-MM-DD)	
Social Insurance Number:		Treaty Number And Band:		Health Card Number (NT Residents only):	
Resident of Fort Smith since (YY-MM-DD)		Marital Status: <input type="radio"/> Married <input type="radio"/> Common-Law <input type="radio"/> Single		Dependants (Names and Date of Births): _____ _____ _____ _____	

EDUCATION RECORD:

Last High School Attended:		City/Town:		Province:	
Grade Level Achieved:		Other Training/Certificates If Taken :		Length of Training/Certificate:	
Have You Attended College/University? <input type="radio"/> YES <input type="radio"/> NO		If Yes, Name Of College/University:		Name Of Course/Program taken:	
Location Of College/University:		Did You Complete The Course/Program? <input type="radio"/> YES <input type="radio"/> NO		Year You Completed Course/Program:	
If You Did Not Complete The Course/Program, Please Tell Us Why:			Were You Ever Sponsored By Salt River First Nation? If So, Please Tell Us When:		

ADDITIONAL FUNDING

Please Indicate If You Are Receiving The Following: <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Social Assistance <input type="checkbox"/> HRDC Benefits <input type="checkbox"/> Student Financial Assistance-GNWT <input type="checkbox"/> Other	Is This Your First Time Applying For Funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Who and When Last Sponsored You For Education?
Have You Ever Applied For Employment Insurance In The Last Five Years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who Was Your Last Employer? What Was Your Reason For Leaving?	In The Last Year, How Many Weeks Did You Work? Full-Time _____ Part-Time _____
Is Your Spouse Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Your Spouse Work Full-Time Or Part-Time? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Please Name Your Spouse's Employer And Work Phone Number:
What Is His/Her Gross Bi-Weekly Pay?	Do You Consider Yourself A Person With A Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POST SECONDARY INFORMATION

Name Of College/University:	Location Of College/University:
Have You Been Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimate Of Course/Program Cost:
Type Of Program/Course: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____	What Is The Duration Of This Course? <input type="checkbox"/> 4 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 2 Years <input type="checkbox"/> 1 Year <input type="checkbox"/> Other _____
Date Course/Program Begins (YY-MM-DD):	Date Course/Program Ends (YY-MM-DD):
Briefly State Your Long Term Goals And How This Course Will Apply To That:	

CONSENT TO DISCLOSE PERSONAL INFORMATION OF THE CLIENT

1. I consent to and authorize the release of any personal information by my employers, banks or other financial institutions, mercantile organizations, Aboriginal organizations, educational institutions and by federal, provincial, territorial and municipal government departments and agencies, including the Canada Customs and Revenue Agency, to the Salt River Youth and Education Foundation. My personal information will be used to determine my initial and continued eligibility for the SRYEF Education Fund for the effective and efficient general administration and enforcement of the Salt River Youth and Education Foundation.

2. I understand that "personal information" means and includes:

A. my name, home or business addresses or home B. or business telephone numbers, • my national or ethnic origin, C. my age, sex, marital status or family status, date of birth, D. my financial status and history, E. my residency status, F. any identifying number, symbol or other particular assigned to me such as my social insurance number, health care card number, or personal identification number, F. information about my income tax returns and other taxpayer information as supplied to or from Canada Customs and Revenue Agency only, and G. information about my educational or employment status and history.

3. Further, I consent to and authorize the release of the personal information listed in clause (4) below, by the Salt River Youth and Education Foundation to banks or other financial institutions, mercantile organizations, Aboriginal organizations and educational institutions. My personal information will be used to determine my initial and continued eligibility for education funding and for the effective and efficient general administration and enforcement of the Salt River First Nation Education Funding.

4. I understand that the personal information that may be released to banks or other financial institutions, mercantile organizations, aboriginal organizations and educational institutions is:

A. my name, home or business addresses or home or business telephone numbers, B. my national or ethnic origin, C. my age, sex, marital status or family status, date of birth, and D. my financial status and history.

5. I agree to provide such additional consent to the release of my personal information as may be required from time to time by the Salt River Youth and Education Foundation.

Signature Of Student

Date

Print Student Name

Date

- Please understand that if you do not fill this form out completely and correctly, you may be denied funding.

DECLARATION OF THE STUDENT

I declare that:

The information submitted in this form and appendices is correct to the best of my knowledge. I make this declaration knowing that it is an offence under the Education Committee Regulations on Students to knowingly make any false statement or misrepresentation in this application or other documents. I have not applied, nor will I apply to receive funding from another province, territory or country during the study period stated in this application.

I agree to:

Use any Educational Monies awarded to me towards the costs of my education and return any refunds of tuition or other fees and any to Salt River First Nation that I am not entitled to; Immediately notify the Salt River First Nation in writing if I change my status as a fulltime student in an approved program, my study period, my marital status, the status of my dependants or financial status, any changes to my address(es), phone numbers and bank accounts; Provide information or documents requested by the Salt River Youth and Education Foundation to verify any statement made in this application; and follow the terms and conditions of any loan documents that I may receive.

I understand that:

I may have to repay my financial assistance now, or in the future, to Salt River Youth and Education Foundation if there are changes to my financial, marital, dependants or my status as a fulltime student in an approved program; I may be denied financial assistance now and in the future if: I make a false or misleading statement in this application; or I do not comply with a request from the Education Committee to provide information or documents so that information in this application may be verified; I may be prosecuted in a court of law if I make a false or misleading statement; My eligibility for education funding or may be affected by income that I, or my spouse, receive from other sources; and If I have an outstanding debt to the Salt River Youth and Education Foundation, I may not be eligible for benefits under the Education Committee. All personal information is being collected under the authority of the *SRYEF Policy*, which will be used to evaluate my application or assess my eligibility. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*.

Signature Of Student

Date

Print Student Name

Date

- Please understand that if you do not fill this form out completely and correctly, you may be denied funding.

PERMISSION TO DEPOSIT LIVING ALLOWANCE

If students wish to have their living allowance deposited directly into their bank accounts, they **MUST** have a Bank of Montreal account. The Salt River Youth and Education Foundation accounts are strictly with the Bank of Montreal, no exceptions.

I, (Print Name) _____, give permission to the Salt River Youth and Education Foundation to deposit my bi-weekly living allowance cheque into my bank account:

TRANSIT# _____

Bank of Montreal* Account Number _____ - _____

I am also aware that the Salt River Youth and Education Foundation holds no responsibility of handling of money after the deposit into the named student's personal bank account.

All Cheques Will be deposited between 10:00 - 17:00 hrs Bi-weekly.
There is no exception to this rule.

Or:

I would like my cheque to mailed to:

Address _____

City: _____ **Prov/State** _____ **Postal Code** _____

Signature Of Student

Date







Print Student Name

Date







Salt River Youth and Education Foundation

Training Contract




I, «First Name» _____ «Last Name» _____ *sponsored student of the Salt River Youth and Education Foundation, attending at the «Institution/Training Location»*
_____ *hereby agree to the following terms and conditions:*

-  Register and attend all classes on time. If I exceed 3 days of absence within a month, I will provide the Salt River First Nation with supporting documents to explain the reasons
-  Follow the rules/guidelines set out by the course/training instructor(s).
-  Conduct myself accordingly in the classroom and school environment.
-  Ensure that I pass all courses enrolled in, with a minimum of 55%.
-  Notify SRYEF of any change in my status.
-  Provide transcripts to SRYEF after each semester.




I understand that my funding will be reduced or terminated if:

-  I submit incorrect information on my application.
-  I fail to inform SRYEF that I am receiving funding elsewhere.
-  Fail to pass my classes with an overall average of 55%
-  Fail to attend class or fail to hand in assignments that are complete.
-  Withdraw from any classes without notifying SRYEF.
-  I am terminated/withdrawn from my course/program by the Institution/Training Centre.

I understand that my funding, depending on what is available, may cover:

-  Registration, tuition, books and supplies
-  Living allowance according to the appropriate rate.
-  Further expenses but I will be required to provide a true budget.

I understand that my funding will not cover:

-  Relocation costs
-  Travel during holidays
-  Advances on my living allowance

I have read and understood this agreement and will perform to the best of my ability.

Student Signature

Date