

TA'AN KWÄCH'ÄN COUNCIL'S POST-SECONDARY STUDENT SUPPORT PROGRAM (PSSSP)



Application Package for Continuing Students

STUDENT CHECKLIST (Please ensure the following documents are included in your application package):

- Post-Secondary Student Support Program Application for Continuing Students
- Official Transcript from Last Period of Study (*Please advise the Education Support Worker if your transcript is not available by the application deadline.*)
- 2019 Canada Revenue Agency: Personal Tax Credits Return Form TD1 (if not on file)
- 2019 Canada Revenue Agency: Personal Tax Credits Return Form TD1YT (if not on file)

APPLICATION DEADLINES (Please check the semester(s) you are applying for funding):

- March 15th Spring/Summer Semester (May – August)
- July 15th Fall Semester (September – December)
- November 15th Winter Semester (January – April)

Students must submit complete application packages prior to 4:30 p.m. on the application deadline; however, application packages submitted electronically will be accepted until 11:59 p.m. on the deadline date. If the funding deadline date falls on a Saturday or Sunday, applications submitted in-person must be dropped off on the Friday prior to the deadline date. Please note that all applications dropped off in-person must be date-stamped and initialed. If students submit incomplete or late applications, they must provide a letter with their application that explains the late submission.

APPLICATION PACKAGES CAN BE SUBMITTED IN-PERSON OR BY EMAIL, FAX OR MAIL:

Education Support Worker
Department of Health and Education
Ta'an Kwäch'än Council
Phone: (867) 668-3613 ext. 408
Fax: (867) 667-4295
Email: jbryant@taan.ca

NAME OF APPLICANT: _____ **DATE:** _____

RECEIVED BY: _____ **DATE:** _____

Mailing Address (while attending school):		
_____	_____	_____
Street No./Name	City, Province or Territory	Postal Code
Phone Number (while attending school): (_____) _____	Email (while attending school): _____	
Marital Status:	Name(s) of Dependents: Age	
<input type="checkbox"/> Single Living Independently	1. _____	
<input type="checkbox"/> Single Living with Parents	2. _____	
<input type="checkbox"/> Single Parent with Dependents	3. _____	
<input type="checkbox"/> Married/Common-Law with Employed Spouse	4. _____	
<input type="checkbox"/> Married/Common-Law with Dependent Spouse		

EMERGENCY CONTACT INFORMATION *Same as previous application (please check):

Emergency Contact #1: _____	Relationship to Student: _____	
Address:		
_____	_____	_____
Street No./Name	City, Province or Territory	Postal Code
Phone Number: (_____) _____	Email: _____	

Emergency Contact #2: _____	Relationship to Student: _____	
Address:		
_____	_____	_____
Street No./Name	City, Province or Territory	Postal Code
Phone Number: (_____) _____	Email: _____	

Section 2 – Program Information

PROGRAM INFORMATION

Name of Institution:	_____	
Program of Study:	_____	
Student ID Number:	_____	
Current Academic Standing:		
<input type="checkbox"/> University Honors <input type="checkbox"/> Dean’s List Status <input type="checkbox"/> Good Academic Standing <input type="checkbox"/> Academic Probation		
Will you be accessing any Student Support Programs or Accommodations through your Institution that the Education Support Worker should be aware of?		Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your course load for the upcoming semester? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <i>*Students must meet their chosen institution’s requirements for part-time or full-time studies. Please refer to the TKC Post-Secondary Student Support Program Policy to ensure that you will also be fulfilling the course requirements for your year of study.</i>		
How many credits in your program of study have you completed to date? _____ <i>*If you are currently in school, please include the number of credits that you will have completed by the end of the current semester.</i>		
What is the total number of credits that you need to complete for your program? _____		
When are you expecting to graduate from your program?	Date (DD/MM/YYYY): ___/___/___	
Is there any other information that you would like the Education Commission to consider when reviewing your application?		

Section 3 – Student Declaration

I hereby declare that all the information that I have provided in this application is complete and true to the best of my knowledge. I understand that any misleading or fraudulent information will disqualify me from obtaining future funding from the Ta’an Kwäch’än Council.

I understand that it is my responsibility to provide the Ta’an Kwäch’än Council’s Education Support Worker with written notice of any and all changes in my academic status or standing and that all changes may affect my ability to continue to receive sponsorship benefits approved within my sponsorship agreement.

I understand that if I am put on academic probation, suspended, released or fail to complete my program of study, it may impact my ability to access future funding through the TKC Post-Secondary Student Support Program.

I agree to provide a copy of my Official Transcripts at the end of each semester during my program of study and a copy of the certification granted to me at the end of my program.

I understand that I am responsible for completing the *Third-Party Permission to Access Information Form* provided by my institution. I understand that I must provide a copy of this document to the Education Support Worker with my Post-Secondary Student Support Program Application. This form will allow the TKC Education Support Worker to contact my institution and have access to my registration, tuition, grades, attendance, transcripts and information pertinent to my studies. All information that is collected under this agreement is considered confidential in nature. I understand that providing access to my educational information is a requirement of my sponsorship under the TKC Post-Secondary Student Support Program.

I, _____, have read and understand the contents within this Student Declaration. I know that by signing this document, I have agreed to fulfill my responsibilities as a sponsored student under the Ta’an Kwäch’än Council’s Post-Secondary Student Support Program.

Student Name (Please Print): _____

Student Signature: _____

Date: _____

Name of Witness (Please Print): _____

Witness’ Signature: _____

Date: _____