

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



Application Package for New Students

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

- Post-Secondary Student Support Program Application for New Students
- Letter of Acceptance from Institution
- Official Transcript from Last Period of Study (high school or post-secondary)
- Third-Party Access to Student Information Form (provided by the Institution)
- Payroll Direct Deposit Authorization Form
- 2019 Canada Revenue Agency: Personal Tax Credits Return Form TD1
- 2019 Canada Revenue Agency: Personal Tax Credits Return Form TD1YT

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

- | | | |
|---|------------------------|------------------------|
| <input type="checkbox"/> March 15 th | Spring/Summer Semester | (May – August) |
| <input type="checkbox"/> July 15 th | Fall Semester | (September – December) |
| <input type="checkbox"/> Nov. 15 th | 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 applications, they must notify the Education Support Worker and provide reasons as to why their application is incomplete. Under certain circumstances, incomplete packages may be accepted and students may be granted conditional approvals pending receipt of the missing documentation.

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:** _____

Section 1 - Student Information

APPLICATION CRITERIA

All applicants <u>must be registered citizens</u> as per Schedule 1 of the Ta'an Kwäch'än Council's Constitution to be eligible for funding through the TKC Post-Secondary Student Support Program (PSSSP).			
Have you received funding through the Post-Secondary Student Support Program from the Ta'an Kwäch'än Council before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, did you complete your program of study?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied for alternate sources of funding (scholarships, bursaries, grants, or awards) for this academic year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please list the alternate sources of funding that you have applied for this academic year:</i>			
SOURCE OF FUNDING	AMOUNT	APPLIED	APPROVED
1. Yukon Grant	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>*As of September 2016, all students applying for TKC PSSSP funding are required to apply for the Yukon Grant. Only those students who are ineligible applicants are exempt from this requirement. Students are also encouraged to work with the TKC Education Support Worker (ESW) to seek out scholarships and bursaries relevant to their program of study.</i>			

PERSONAL STUDENT INFORMATION

Full Name: _____	Are you Status? Yes <input type="checkbox"/> No <input type="checkbox"/>
Status Card # _____ <i>*This information is required for financial coding purposes.</i>	
Date of Birth (DD/MM/YYYY): ____/____/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Permanent Address:	
_____	_____
Street	City, Province or Territory
_____	Postal Code
Phone Number: (_____) _____	Email: _____

Mailing Address (<i>while attending school</i>):		
Street	City, Province or Territory	Postal Code
Phone Number (<i>while attending school</i>): () _____	Email (<i>while attending school</i>): _____	
Marital Status: <input type="checkbox"/> Single Living Independently <input type="checkbox"/> Single Living with Parents <input type="checkbox"/> Single Parent with Dependents <input type="checkbox"/> Married/Common-Law with Employed Spouse <input type="checkbox"/> Married/Common-Law with Dependent Spouse	Name(s) of Dependents: Age 1. _____ 2. _____ 3. _____ 4. _____	

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____	Relationship to Student: _____	
Address: _____		
Street	City, Province or Territory	Postal Code
Phone Number: () _____	Email: _____	

Emergency Contact #2: _____	Relationship to Student: _____	
Address: _____		
Street	City, Province or Territory	Postal Code
Phone Number: () _____	Email: _____	

Section 2 – Program Information

PROGRAM INFORMATION

What college or university will you be attending?	_____
What is your current Student ID Number?	_____
Address of Institution:	
_____	_____
Street	City, Province or Territory
	Postal Code
Is your chosen institute an accredited college or university ? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
<i>*If no, please ensure that you explain why you have chosen this institute in the career goals section of the application (see pg. 6).</i>	
What program have you been accepted into?	_____
Is your program an accredited program ? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
<i>*If no, please ensure that you explain why you have chosen this program and how it will help you find employment in your chosen field in the career goals section of the application (see pg. 6).</i>	
What is your course load? <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.</i>	
When does your program begin this semester?	Date (DD/MM/YYYY): ___/___/___
When does your program end this semester?	Date (DD/MM/YYYY): ___/___/___
How many years is your program of study?	<input type="checkbox"/> 1 year <input type="checkbox"/> 3 year <input type="checkbox"/> Other _____ <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year
What year of the program are you about to begin?	<input type="checkbox"/> 1 year <input type="checkbox"/> 3 year <input type="checkbox"/> Other _____ <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year

<p>How many credits in your program of study have you completed to date? _____ *If you are currently in school, please include the number of credits that you will have completed by the end of the current semester.</p>		
<p>What is the total number of credits that you need to complete for your program? _____</p>		
<p>Does your program include a practicum?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Start date(s): _____ End date(s): _____</p>
<p>Is your program a distance study, blended or on-line program?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, which? _____</p>
<p>If your program is a distance study, blended, or on-line program, will you be required to participate in on-campus residency?</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
<p>Do you intend to continue your studies through the summer semester? *This information is being collected for budgeting purposes.</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
<p>When are you expecting to graduate from your program?</p>		<p>Date (DD/MM/YYYY): ___/___/___</p>
<p>What level of accreditation do you hope to attain with your current program of study?</p> <p> <input type="checkbox"/> Certificate <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other _____ </p>		
<p>Do you plan on continuing your education to higher learning?</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/></p>
<p>If yes, to what further level of accreditation?</p> <p> <input type="checkbox"/> Certificate <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other _____ </p>		

Section 3 – Career Goals

STATEMENT OF INTENT

**STUDENTS CAN SUBMIT A SEPARATE TYPED DOCUMENT OUTLINING THEIR CAREER GOALS IF PREFERRED.*

1. What are your career goals?
2. How is your program of study going to help you attain these goals?
3. Will you need further training and/or education to achieve your goals? If yes, please explain what further training and/or education is required.
4. How are you planning on finding employment in your chosen field while in school or during the summer? (i.e. STEP Program/TKC Summer Student Positions)
5. How do you plan to find employment in your chosen field when you complete your program of study? (i.e. Apply through the Grad Corp)

Section 4 – 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: _____

Section 5 - Media Release Form

STUDENT WAIVER (OPTIONAL)

The Ta'an Kwäch'än Council's Education Department takes pride in acknowledging and celebrating the educational accomplishments of students completing post-secondary education and training. The Education Department wants to showcase the names and photographs of TKC students and new TKC graduates for their accomplishments in the TKC Newsletters, on the TKC website and in other community publications.

I, _____, hereby give the Ta'an Kwäch'än Council's Education Department and its employees, representatives, and authorized media organizations permission to publish photographs and information regarding my educational achievements:

- In the TKC Newsletter
- On the TKC Website
- In the Community Newspapers

I, _____, hereby give the Ta'an Kwäch'än Council's Education Department and its employees, representatives, and authorized media organizations permission to publish photographs and information regarding my educational achievements:

- In the TKC Health and Education Building (i.e. Student Success Posters)

I agree to be contacted by TKC Education Staff in the future for the purpose of being showcased in the Education Role Model Poster Project.

- Yes
- No

Student Name (please print): _____

Student Signature: _____

Date: _____

Witness (please print): _____

Witness' Signature: _____

Date: _____