

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



Application Package for New Students

APPLICATION CHECKLIST:

- 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)
- Direct Deposit Authorization Form
- 2021 Canada Revenue Agency: Personal Tax Credits Return Form TD1
- 2021 Canada Revenue Agency: Personal Tax Credits Return Form TD1YT

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 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:

**ATTN: Education Support Worker
Development Department
Ta'an Kwäch'än Council
117 Industrial Road
Whitehorse YT
Y1A 2T8
Phone: (867) 668-3613 ext. 401
Fax: (867) 667-4295
Email: educationsupport@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"/>
Applicants are encouraged to apply for the Yukon Grant (if eligible) as well as other scholarships and bursaries that are available. Additional funding will not impact sponsorship benefits provided by TKC.				

PERSONAL STUDENT INFORMATION

Full Name: _____		Are you Status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Status Card # _____		Are you registered on a Health/Dental plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Birth (DD/MM/YYYY): ___/___/___		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Permanent Address:			
_____		_____	
Street	City	Province or Territory	Postal Code
Phone Number: (____) _____		Email: _____	
Traditional Family: _____		Clan (Wolf/Crow) _____	

Section 2 – Program Information

PROGRAM INFORMATION

What college or university will you be attending?	_____
What is your current Student ID Number?	_____
Third-Party Access 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 (9 credits in a 4-month period)	
<i>*Students must meet their chosen institution's requirements for part-time or full-time studies.</i>	
Which semester(s) are you applying for funding for?	<input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – April) <input type="checkbox"/> Spring (May - June) <input type="checkbox"/> Summer (July - August)
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
What are the total number of credits that you need to complete for your program?	_____ credits
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.	
Does your program include a practicum or co-op placement?	Yes <input type="checkbox"/> No <input type="checkbox"/> Start date(s): _____ End date(s): _____
Is your program a distance study, blended or on-line program?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which? _____
If your program is a distance study, blended, or on-line program, will you be required to participate in on-campus residency?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
When are you expecting to graduate from your program? Has there been an extension needed on your program?	Date (DD/MM/YYYY): ___/___/___ Yes/No
What level of accreditation do you hope to attain with your current program of study? <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Diploma <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other _____	
Do you plan on continuing your education after your current program??	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
If yes, to what further level of accreditation? <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 _____	

Section 3 – Career Goals

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

1. I am very passionate about:
What do you love? What “work” do you do that doesn’t feel like work?

2. My greatest accomplishments in life so far are:

3. If my life had absolutely no limits, my career would be:

4. In my workplace, I know that I do not like:
Meetings, outside, working with the public etc....

5. I am worried about _____ in my future.

6. I want to work hard on _____ over the next year.

Section 4 – Education Map

PROGRAM ENTRANCE REQUIREMENTS (PRE-REQUISITES)

Course Name	Grade Required	Grade Achieved

ASSESSMENTS NEEDED/UPGRADING NEEDED

Course Name	Grade Required	Grade Achieved

NOTES:

YEAR 1 - SEMESTER 1 (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 1 - SEMESTER 2 (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 1 – SPRING/SUMMER SEMESTER (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 2 - SEMESTER 1 (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 2 - SEMESTER 2 (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 2 – SPRING/SUMMER SEMESTER (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 3 - SEMESTER 1 (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 3 - SEMESTER 2 (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 3 – SPRING/SUMMER SEMESTER (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 4 - SEMESTER 1 (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 4 - SEMESTER 2 (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

YEAR 1 – SPRING/SUMMER SEMESTER (___ OF ___ CREDITS IN MY PROGRAM)

CRN	CREDITS	COURSE NAME	GRADE	NOTES

Section 5 – 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 6 - 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: _____