

Name: _____

Email: _____

**APPLICATION FORM
FOR
POST-SECONDARY
EDUCATIONAL
ASSISTANCE**

2026-2027 ACADEMIC YEAR



**POST-SECONDARY PROGRAM
BOX 147
GALLIVAN, SASK.
S0M 0X0
PHONE: (306) 937-2990
FAX: (306) 937-7010
EMAIL: carolp@sweetgrassfirstnation.ca**

APPLICATION PROCEDURES & REQUIREMENTS:

Sweetgrass First Nation has one intake per ACADEMIC YEAR for only **Canadian Approved Institutions**.

The deadline is May 31st @ 4:30pm. Applicants are requested to apply early.

The application form **must** include the following:

1. Photocopy of Treaty Status Card
2. New Applicants are required to submit a detailed career plan
3. Transcripts of Marks (secondary and most recent)
4. Institution Letter of Acceptance
5. Institution Course Schedule and Registration
6. Institution Fee Assessment Schedule
7. Cost of tuition, books, student and mandatory fees, specialized equipment, tool, materials and supplies that will be required for the institution's academic year.

APPLICANTS MUST ENSURE THAT DOCUMENTATION PROVIDED IS **ACCURATE** AND IS SUBMITTED **BEFORE** THE DEADLINE DATE.

NO ADJUSTMENTS WILL BE MADE TO BUDGETS AFTER THE APPLICATIONS HAVE BEEN APPROVED FOR FUNDING.

APPLICATION FOR POST-SECONDARY EDUCATIONAL ASSISTANCE

General Information and Requirements:

A. Eligibility

1. Applicants must have a grade twelve or equivalent grade twelve-GED.
2. The program must require a grade twelve entrance. The program must be eight months in length.
3. Students must be enrolled and accepted to the university or institution in a program of study.
4. Application will only be deferred if students do not apply before the application deadline or if the number of eligible applications exceeds the budget. This is in accordance with the rules and regulations set out in each administering organization operations guidelines.

B. Types of Assistance

1. Tuition-student tuition will be paid. Students will receive funds for textbooks and supplies which are listed as requirements by the institution of study. We are not responsible for student's registration fees or for late registration fees.
2. Living Allowance-allowances will not exceed the amount set out by the budget.
3. Part-time Students-may receive assistance for tuition and the cost of recommended text books and supplies as listed with program of study.

C. Limits of Assistance

There are three levels of assistance:

- Level 1-Community College and CEGEP diploma or certificate programs.
 - These programs must be eight months in length
- Level 11-Undergraduate Programs. These programs will lead to a degree.
 - The programs are three-four years in length
- Level 111-Advanced or professional degrees (Master's or Doctoral Programs). These programs are twenty-four months in length

Privacy Act Statement

The information you provide on this document is for the purpose of resource and administering post-secondary student financial assistance. The personal information that you provide is protected under the provisions of the Privacy Act.

First Application Submitted

Post School/Program ____yes ____no

PART A: Student Information

Last Name:				First Name:				Initial		SIN									
Current Address:								Postal Code				Phone Number							
Permanent Address:								Postal Code				Phone Number							
Marital Status Single Married Common Law Single Parent														Bill C-31					
D.O.B.		Y	M	D	Usually Live On Reserve Off Reserve				Treaty Number										
Next of Kin:				Address:						Postal Code				Phone Number					

PART B: Family Information

Spouse's Name:										Date of Marriage/Common Law: Mm/dd/yr:									
List your dependents, their ages, and if they are residing with you:																			
Name					Status Number					DOB: mm/dd/yr					Place of Residence				
If the spouse is not residing with you, explain why? (attach)										My spouse is employed Full Time Part Time Other									

PART C: Previous Education & Training

Schooling/Training	Name	Location	Completed Y N		Year Completed	Certificate or Diploma Received
High School						
Community College/Private						
Technical Institute						
University						

Part D: Assistance Required

I am applying for assistance with funding to enroll at a post-school at which I have been accepted: _____ (initial)			
Application Date Y M D	Training Date Y M D	Graduation Date Y M D	Attendance _____ Full Time _____ Part Time
Program or Course of Study	Institution	Location	_____ Fall _____ Spring _____ Winter _____ Summer
Institution Acceptance _____ Yes _____ No _____ Unknown			Documentation Attached _____ Yes _____ No
Type of Institution	_____ University Entrance _____ University Bachelor _____ Technical _____ University Ph. D. _____ Community College _____ College Preparation _____ Private Institution _____ Other		

I hereby authorize that the above information concerning my academics may be released to Sweetgrass Post Secondary.

I will complete a student monitoring report signed by an education counselor at my institution of study.

I accept responsibility to complete and satisfy the academic requirements at my institution of study. I will manage the education assistance to the best of my ability.

Student Signature _____ Date _____

PART E: Estimated Costs (Office Use Only)

Expenditures	Actual Amount Funded	Fiscal Yr 2025/26	Additional Request Funding
1. Monthly Allowance			
2. Tuition			
3. Books/Supplies			
4. Travel			
5. Special Contingency			
6. (Other) Specify			
Sub-Total			
Total Financial Commitment			

_____ This application is recommended for approval.

_____ This application is recommended for approval: part-time studies, tuition, books & supplies.

_____ This application is approved for financial assistance in Part D and E

_____ This application is refused for _____ 1. Financial Reasons _____ 2. Other (Specify)

Comments:

Post-Secondary Counselor _____ **Date:** _____
Director Education _____ **Date:** _____

2026-2027 CONTRACT
BETWEEN SWEETGRASS FIRST NATION AND STUDENT

I understand and agree to abide by the following conditions for sponsorship as a Sweetgrass First Nation for Post-Secondary Student:

1. I will accept the responsibility to adhere to the school regulations and meet the standards required by the school for continuation in my course of studies.
2. I will be enrolled in a minimum of four classes per semester and maintain a 65% overall average.
3. I agree to attend classes regularly.
4. I agree to consult with Sweetgrass First Nation if any problems arise academically, emotionally, physically, and financially.
5. I agree to provide my marks and reports on a semester basis to Sweetgrass and/or upon Sweetgrass' request.
6. I agree to report any changes to my student and/or program status promptly; I understand that it is a serious **matter to provide false information.**
7. I authorize Sweetgrass to obtain information from people, Agencies, or organizations to determine and/or verify my eligibility for benefits or services under the post-secondary student assistance program and I authorize the education institution I attend to release all attendance records and marks to the Sweetgrass First nation upon request by Sweetgrass.
8. I declare that all information provided is true and complete and I make this solemn declaration believing it to be true and knowing that it is of the same force and affects as if made under oath.
9. I understand that I have the right to appeal any decision made with respect to my application for sponsorship.
10. If I drop classes, I must seek approval in writing from the Sweetgrass First Nation. I understand that Sweetgrass may not be held responsible for tuition and dropped class fees.
11. If I drop below average classes as required or discontinue, I am required to wait two academic years before I may be eligible for consideration of post-secondary funding.
12. I understand there will be **absolutely no advances.** I am expected to manage my finances in line with monthly allowances.

I hereby agree with the terms/conditions for financial assistance that I have read above.

STUDENT NAME:

STUDENT SIGNATURE:

DATE:
