



# PAUL FIRST NATION POST - SECONDARY EDUCATION

P.O. Box 545, Duffield  
Alberta T0E 0N0  
Phone: (780) 892-2025  
892-2067  
Fax: (780) 892-2019

## PAUL FIRST NATION POST SECONDARY EDUCATION

### PACKAGE INCLUDE(S):

- Post Secondary Application
- Checklist of Required Documentation
- Release of Information Form
- Budget Sheet Form
- Information to the ALIS website
- Student Handbook

All forms, letters and any other information must be complete, approved and signed before submitting funding package back to Paul First Nation Education.

Computers are available at the Education Office for Post Secondary student use for research on the following **ONLY:**

- |                                                                       |                                     |
|-----------------------------------------------------------------------|-------------------------------------|
| ➤ Assignments                                                         | ➤ Transcripts                       |
| ➤ Post-Secondary Institutions or<br>Program/Admittance and Enrollment | ➤ Scholarships, Bursaries or Grants |

**Reminder:** The TransAlta Scholarship Program for Paul First Nation members is offered once a year. Please inquire for more information or if you have any questions, contact the Education Department at (780) 892-2025 from Monday through Friday 8:00 A.M-4:00 P.M.

# PAUL FIRST NATION

EDUCATION DEPARTMENT

## Post-Secondary Student Support Program FINANCIAL ASSISTANCE APPLICATION

### STUDENT IDENTIFIER

<input type="checkbox"/> New Student	<input type="checkbox"/> From UCEP	<input type="checkbox"/> Re-enrollment	Priority no.	Application date	Year	Month	Day
Band Code	Family no.	Position no.	Birth date	Year	Month	Day	

### BASIC STUDENT INFORMATION

Surname	Given name	Telephone no.		
Address	City	Province	Postal code	Sex
				<input type="checkbox"/> M <input type="checkbox"/> F
Dependents	S.I.N.#	Residence	Canadian resident	
		<input type="checkbox"/> On reserve <input type="checkbox"/> Off reserve <input type="checkbox"/> Crown land	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bill C-31	Administering organization	Previous Support (Months)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> UCEPP <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III		

### EDUCATION PLAN

Category	Attendance	Type of Program	
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Community college <input type="checkbox"/> University diploma <input type="checkbox"/> B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> PH.D.	
Program / Course	Institution	Location	Postal code
Occupational field code	Length of Program (Years)	Year of Study	Graduation date
			Year Month Day
Institutional acceptance	Training dates	From	To
<input type="checkbox"/> Final <input type="checkbox"/> Continued <input type="checkbox"/> Conditional		Year Month Day	Year Month Day

### ESTIMATED COSTS

Fiscal year	20	/	20	/
Tuition				
Books and supplies				
<b>TOTAL INSTRUCTION</b>				
Regular living allowance				
Travel				
<b>TOTAL SUPPORT COSTS</b>				
<b>TOTAL COSTS</b>				
STUDENT MONTHS				

### CONDITIONS FOR EDUCATIONAL ASSISTANCE

I hereby make application for financial assistance and accept the following conditions:

- To become familiar with the assistance limitations under the Paul First Nation Post-Secondary Policy and Guidelines.
- To meet the standards required by the institution for continuation of sponsorship
- To provide transcripts or statements of performance at the end of each semester to my counsellor to ensure continuation of sponsorship
- To report any changes to my student and/or program status promptly
- To manage my education and funding to the best of my ability

Student's Signature

Date

### COUNSELLOR COMMENTS

☐ Recommended ☐ Not recommended



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## Requirements for Financial Assistance

Please be advised that your application for financial assistance will be reviewed *pending* receipt of the following correspondence:

- \_\_\_ Proof of Registration/Letter of Acceptance (start & end date of program)
- \_\_\_ Fee Assessment (Tuition, textbook and all related mandatory fees)
- \_\_\_ Most Recent Transcript(s)
- \_\_\_ Release of Information
- \_\_\_ Copy of Status Card
- \_\_\_ Copy of your Social Insurance Number
- \_\_\_ Copy of Alberta Health Care Card(s) for all eligible dependents in household
- \_\_\_ Budget

Should you have any questions and/or concerns, please feel free to contact the Education Department during regular office hours:

Monday to Friday 8:00 A.M - 4:00 P.M  
Phone (780) 892-2025  
Fax (780) 892-2019

### Application Deadline Dates:

Fall Semester	June 15
Winter Semester	November 15
Spring & Summer	March 15





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**Release of Information**

I, \_\_\_\_\_, hereby authorize the registrar of

\_\_\_\_\_ to provide:  
(Name of Institution)

Paul First Nation Education - Post Secondary  
P.O Box 545  
Duffield, AB  
T0E 0N0

with an official transcript, course registration, attendance, grade report  
and/or any other pertinent information that would effect any sponsorship  
decisions, upon request.

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

# Budget Worksheet for Students

## 1. Total Income

SOURCE	AMOUNT
Scholarships, grants or bursaries	
Family Supplies	
Student Loans	
Savings/Summer Job	
Part-time job (multiply monthly amount) by number of months in school	
Tax Refund	
Other: _____	
_____	
_____	
_____	
<b>Total Incomes:</b>	

## 2. Up-Front One-Time Expenses

EXPENSE	AMOUNT
Tuition and fees	
Books and supplies	
Damage Deposit	
Moving Expenses	
Household items, etc.	
Car insurance/registration	
Other: _____	
_____	
_____	
_____	
_____	
<b>Total Up-Front, one-time expenses:</b>	

## 3. Determine Your Monthly Income

Total income (from #1)	
Less: up-front, one-time expenses (from #2)	-
Balance to live on	=
Divide by # of months in school year	/
<b>Total monthly income</b>	=

## 4. Estimate Monthly Expenses

EXPENSE	AMOUNT
Rent	
Utilities	
Food and groceries	
Child care	
Clothing and Personal Care	
Telephone	
Transportation/car maintenance	
Medical /Dental Costs (not covered by insurance)	
Recreation and entertainment	
Emergency fund	
Other: _____	
_____	
_____	
<b>Total monthly expenses:</b>	

## 5. Record, Review, Revise

Monthly Income	
Total Expenses	-
<b>Savings or Shortfall:</b>	=

**ALIS Government Post Secondary Website**

<http://alis.alberta.ca/ps/post-secondary.html>

**Career Information Hotline**

**Toll Free**

1-800-661-3753

**Edmonton**

780-422-4266

The above website and phone numbers will provide information on Post Secondary Institutions, programs, bursaries and any other questions or concerns you will have in regards to your Post Secondary Career.