

D. ACADEMIC BACKGROUND

Please list all education/training experience, beginning with high school:

INSTITUTION	PROGRAM	YEAR	LEVEL/CREDITS COMPLETED	SPONSORED BY:

E. FAMILY INFORMATION (COMPLETE THIS SECTION ONLY IF CLAIMING DEPENDENTS)

MARITAL STATUS: SINGLE: ____ MARRIED: ____ C/LAW: ____ SEPARATED: ____ DIVORCED: ____

SPOUSE'S NAME: _____ SPOUSE'S TREATY NO.: _____

For the period of my sponsorship, my spouse will be:

DEPENDENT: ____ EMPLOYED: ____ STUDENT: ____ OTHER: _____

Please list all Dependent Children who will live with you during period of sponsorship:

NAME	DATE OF BIRTH	GRADE	SCHOOL	TREATY NUMBER

F. CURRENT SOURCE OF INCOME

Please list your and your spouse's monthly income from the appropriate source:

	APPLICANT	SPOUSE
SOURCE OF INCOME:		
EMPLOYMENT		
EMPLOYMENT INSURANCE		
INCOME ASSISTANCE		
WCB		
OTHER _____		

ARE YOU ELIGIBLE FOR EMPLOYMENT INSURANCE? YES NO

HAVE YOU RECEIVED EI BENEFITS WITHIN THE PAST 3 YEARS? YES NO

HAVE YOU RECEIVED MATERNITY/PARENTAL BENEFITS WITHIN THE PAST 5 YEARS? YES NO

EMPLOYMENT HISTORY:

DATES	JOB TITLE	EMPLOYER	REASON FOR LEAVING

G. CONDITIONS OF SPONSORSHIP

I understand the following as conditions of sponsorship by the Peguis School Board.

1. To attend classes regularly and consistently .
2. To consult with my counsellor if any problems arise academically, emotionally, physically or financially.
3. To adhere to school regulations and meet the standards required by the institution for continuation in my program of studies.
4. To provide my marks and reports to the Peguis School Board and the Post Secondary Department upon my counsellor's request.
5. To adhere to any rules and regulations as may be advised to me by Peguis School Board.
6. To accept responsibility for satisfying the academic or training requirements of the above institution.
7. To manage the educational assistance funds to the best of my ability.
8. I understand that if I do not meet the academic requirements and attendance conditions of my sponsor and of the educational institution, that the Peguis School Board maintains the right to withdraw full sponsorship of my application and that I will be placed on a wait list for future educational sponsorship.

H. DECLARATION AND CONSENT

I declare that the information provided by me on this application form is complete and correct and is given in order to substantiate my entitlement for Educational Assistance. I hereby agree to advise the Peguis School Board of any change in dependency, income from work, social assistance or any other source, for me or my spouse as these items may affect Educational Assistance rates. I authorize the release of information from First Nation Social Services agencies or Provincial Employment and Income Assistance to the Peguis School Board to obtain any information required to determine my and/or my dependents' eligibility for Educational Assistance. I also give permission for the Peguis School Board to verify or confirm with any source the correctness and accuracy of the information contained in this application. As well, I do hereby give permission to the Peguis School Board to disclose any information regarding my student sponsorship to the appropriate authorities of the Peguis First Nation (i.e. PFNTE, Social Assistance, Health Centre) or Provincial Employment and Income Assistance.

SIGNATURE

DATE

PARENT'S SIGNATURE
(IF APPLICANT IS UNDER 18 YEARS)

FOR OFFICE USE ONLY:

Approved: _____

Full Sponsorship: _____

Denied: _____

Tuition/Books: _____

Wait List: _____

Specify conditions, if any: _____

Authorizing Officer

Date