GEORGE GORDON FIRST NATION
POST SECONDARY PROGRAM
P.O Box 248 Punnichy, Saskatchewan S0A 3C0
Phone: (306) 835-2232 Fax: (306) 835-2036 Mobile: (306) 551-3510
EMAIL: postsec@ggfn.ca

SPONSORSHIP APPLICATION FORM
Continuing Student

Privacy Act Statement
The information provided in this document is used only for administrative and statistical purposes by the GGPSP administration office. All personal information provided shall be protected under the provision of the Privacy Act.

1. PERSONAL INFORMATION

Surname	
First and Middle Name(s)	

Date of Birth (y/m/d)**:**	__ __ __ __ / __ __ / __ __
Treaty Number:	__ __ __ __ __ __ __ __ __ __
First Nation:	
SIN:	__ __ __ __ __ __ __ __ __
# of Children:	

Apt. Number, Street, Box Number		
City or Town	**Province**	**Postal Code**
Country	**Telephone (Home)** ( )	
Telephone (Business) ( )	**Cell** ( )	
Emergency Contract **Relationship** **Telephone**		
E-mail		

2. PROGRAM INFORMATION

Program Name:	**Institution Name:**	**Location:**
Program Start Date:	**Program End Date:**	
Semester for which applying for: ☐ **Fall (Sept-Dec)** ☐ **Spring (May-June)** ☐ **Winter (Jan-Apr)** ☐ **Summer (July-Aug)**	**Attendance:** ☐ **Full-time** ☐ **Part-time**	

3. EDUCATION

HIGH SCHOOL or SECONDARY EDUCATION

Grade 12: ☐ **High School** ☐ **Adult Basic Education** ☐ **General Equivalency Diploma**

POST SECONDARY EDUCATION

University, College, Technical Institute	Program	Prov. (Country)	Degree, Diploma, Cert. Obtained	Year

4. STUDENT DECLARATION

In consideration of my application for sponsorship under George Gordon First Nation Post Secondary Program, I hereby agree that:

1. I have received a copy of the GGPSP Student Policy Manual and agree to abide by the terms and conditions.

2. I agree to submit to the GGPSP administration office all required supporting documents as outlined in the Student Policy Manual within the time frames specified and further agree to report any changes in my program structure and personal information.

3. I authorize the GGPSP administration office to provide to my First Nation information regarding my sponsorship.

4. I understand and agree that failure to provide such information or providing false information may result in loss of sponsorship.

Signature: _____ Date: _____

5. WAIVER OF ACCESS TO INFORMATION

I, hereby authorize George Gordon First Nation Post Secondary Program administration office to obtain from the

_____ _____
Name of Post Secondary institute attending Term

all information relating to my academic record which includes attendance reports, class registration and transcript of marks for any course(s) to which I am enrolled.

_____
Name (Print)

_____ _____ _____
Student Signature Student Number Date

Attachments required

-Proof of grade 12 or equivalent- Official Provincial Transcripts
-Career plan outlining your education goal and how you plan on achieving your goal.
-Letter of Acceptance from the Institute you plan to attend indicating that the program of study leads to a certificate, diploma, or degree, and requires a grade 12 entry level.
-Proof of registration in the classes to be taken during the semester/academic year.
-Clear photocopy of Status Card
-Clear photocopies of Health Cards for yourself and your dependents being claimed.
-Copy of Revenue Canada's CTB notice

Deadline Dates for GGPSP Application Forms
Spring-Summer March 15th and Fall-Winter May 31st

CAREER PLAN

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1. PERSONAL INFORMATION

Surname	**First and Middle Name(s)**
Address	

2. CURRENT EDUCATION

HIGH SCHOOL or SECONDARY EDUCATION

Grade 12: ☐ **High School** ☐ **Adult Basic Education** ☐ **General Equivalency Diploma**

POST SECONDARY EDUCATION

University, College, Technical Institute	Program	Prov. (Country)	Degree, Diploma, Cert. Obtained	Year

3. EDUCATION GOALS

List the goals you hope to obtain within the next five years:

1._____

_____

2_____

_____

3. _____

_____

4. WHAT I NEED TO DO TO OBTAIN MY GOALS

List the steps you need to take to obtain your goals.

1._____

_____

2._____

_____

3._____

_____

George Gordon First Nation Post Secondary Program

Direct Deposit Agreement Form

Student Information

Name:

Social Insurance Number:

Authorization Agreement

I hereby authorize George Gordon First Nation Post Secondary Program to initiate automatic deposits to my account at the financial institution named below.

This agreement will remain in effect until the George Gordon First Nation Post Secondary Program receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit agreement form.

Account Information

Financial Institution:

Address:

Telephone Number:

Branch Number:

Transit Number:

Account Number:

Signature

Authorized Signature:

Date:

Please attach a voided cheque and return this form to the George Gordon First Nation Post Secondary Program.

George Gordon First Nation Post Secondary Program
Student Contract

This contract is between the George Gordon First Nation Post Secondary Program (GGPSP) and the undersigned student for the purpose of acquiring education sponsorship from the George Gordon First Nation in order to pursue a post-secondary program of studies.

I have read the George Gordon First Nation Post Secondary Program Student Policy Manual. I understand the contents and intent and therefore agree that:

1. I am to attend classes on a regular basis, satisfy all course requirements and meet and maintain an acceptable grade for the academic institution that I am attending.

2. If I am a full time student, I must be enrolled in a minimum of 9 credit hours (3 classes) each semester.

3. It is my responsibility to inform the post secondary coordinator (in writing via email or fax) if problems arise making it difficult to fulfill the above requirements and to notify of changes that may affect eligibility for continued funding.

4. The post secondary coordinator has the right to see progress and attendance reports set forth by the academic institution being attended.

5. It is my responsibility to submit official transcripts of my marks to the post secondary coordinator within two weeks of receiving them.

6. In the event I receive education funds under false pretenses, I will be liable to repay the full amount or any designated portion of the total amount to the GGPSP.

7. I will inform the post secondary coordinator immediately if I should withdraw out of a course/program or be suspended from the academic institution being attended.

8. I will be denied further financial support if I do not meet and maintain the requirements set forth by the GGPSP Student Policy Manual.

9. I have the right to appeal any decision made with respect to my application for sponsorship.

Student Signature

Student Name: _____

Signature: _____

Date: _____

GGPSP Coordinator Signature

Name: _____

Signature: _____

Date: _____