

Frog Lake Careers Program
 Frog Lake First Nations 121.122
 General Delivery
 Frog Lake, Alberta
 TOA 1M0
 Business: 780-943-2411 Fax: 780-943-2293
 Email Address: flfn.careers@gmail.com

CONFIDENTIAL INFORMATION

Application for Educational Assistance
 Post Secondary, University and College
 Entrance Programs

STUDENT IDENTIFIER

New Student _____ From UCEPP _____ RE-Enrollment _____ Priority _____
 Band Code: 465 Family Number _____ Position Number _____
 Application Date _____
 Year Month Day

BASIC STUDENT INFORMATION

SURNAME		GIVEN NAME		MIDDLE INITIALS	
ADDRESS				SOCIAL INSURANCE NUMBER	
DATE OF BIRTH		GENDER Male _____ Female _____		NUMBER OF DEPENDANTS	
RESIDENCE: On reserve _____ Off reserve _____				Membership Status First Nations Treaty: _____	
CONTACT NUMBER				Metis: _____ Bill C-31: _____	

NAME OF FIRST NATIONS OR SETTLEMENT:

EDUCATION PLAN

Program of Study		Institution Address	
Type of Program: Check one College _____ University Diploma _____ Bachelor of Arts _____ Masters _____ PHD _____ Certificate _____			
Length of Program (Months, Years)		Current Year of Study: Check one <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Final	
Institutional Acceptance: <input type="checkbox"/> Final <input type="checkbox"/> Continuing <input type="checkbox"/> Conditional		Start Date: Completion Date:	

ESTIMATED COSTS

SUPPORT SERVICES		CURRENT FISCAL YEAR		NEXT FISCAL YEAR	
	COST	MONTHS	COST	MONTHS	MONTHS
TUITION PER SEMESTER					
BOOKS AND SUPPLIES					
OTHER INSTRUCTION FEES					
TOTAL INSTRUCTION SERVICES					
TRAINING ALLOWANCE					
SPECIAL SHELTER					
TRAVEL: A) SEASONAL					
B) DAILY					
SPECIAL CONTINGENCY					
A) CHILD CARE					
B) OTHER					
POST GRADUATE					
A) Incentive Grant					
B) Composite Allowance					
TOTAL SUPPORT SERVICES					

I HAVE READ AND AGREE TO THE CONDITIONS FOR THE FINANCIAL ASSISTANCE

SIGNATURE OF APPLICANT _____ DATE SIGNED _____