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**BLOOD TRIBE
 POST-SECONDARY
 APPLICATION FOR SPONSORSHIP**

Nº 1021

TREATY # _____; DATE OF BIRTH _____; APPLICATION DATE _____ PRIORITY _____

BASIC STUDENT INFORMATION: STUDENT ID: _____

SURNAME _____ GIVEN: _____ INITIAL: _____

ADDRESS _____

_____ PROV/ST _____ PCODE _____ PHONE _____

EMAIL _____; SIN _____

MARITAL STATUS: SINGLE _____; MARRIED _____; COMMON-LAW _____; DEPENDENT CHILD(REN) _____

SPOUSE _____; EMPLOYED: Y _____; N _____; ALLOW CAT _____

MONTHLY TRAINING ALLOWANCE: \$ _____; TRAVEL ALLOWANCE PER SEMESTER: \$ _____

DEPENDENT CHILD(REN);

NAME _____; AGE _____; DOB _____; AHC _____

_____; AGE _____; DOB _____; AHC _____

_____; AGE _____; DOB _____; AHC _____

_____; AGE _____; DOB _____; AHC _____

EDUCATION PLAN:

EDUCATION CATEGORY: U _____; P1 _____; P2 _____; P3 _____; FULL-TIME _____; PART-TIME _____

TYPE OF PROGRAM: COMMUNITY COLLEGE _____; UNIVERSITY _____; MA _____; PHD _____

PROGRAM _____; INSTITUTION _____

ADDRESS _____

LENGTH OF PROGRAM _____; YEAR OF STUDY _____; GRADUATION DATE: _____

START DATE: YEAR _____; MONTH _____; DAY _____; **END DATE:** YEAR _____; MONTH _____; DAY _____

CONDITIONS FOR EDUCATIONAL ASSISTANCE:

1. To become familiar with the BTPSSSP policy and guidelines.
2. To submit official registration for term of sponsorship.
3. To provide transcripts at the end of each semester.
4. To report any CHANGES of my student/program status promptly.
5. To authorize the RELEASE of any information from the Registrants office to the BTPSSSP office.

STUDENT SIGNATURE _____ **DATE** _____

COUNSEL SIGNATURE _____ **DATE** _____

COMMENTS _____
