

RED CROW COMMUNITY COLLEGE

P. O. Box 88, Standoff, Alberta TOL 1Y0
Phone: 403-737-2400 FAX: 403-737-3472
Email: redcrow@redcrowcollege.com
Website: http://www.redcrowcollege.com

Niitsitapi Arts& Science / Indigenous Bachelor Social Work (IBSW) Admissions Application

SECTION 1: PERSONAL INFORMATION Last Name: First Name: Middle Name: Date of Birth: Gender: ☐ Female ☐ Male Maiden Name: Treaty # Band Name: Resident: ☐ On-reserve ☐ Off-reserve Marital Status: ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Other Mailing Address: Postal Code: City / Town: Province: Home Phone # Cell / Alternate # Email: Name of Spouse: Phone # **Emergency Contact Person:** Phone # **SECTION 2: EDUCATION BACKGROUND** High School Status: ☐ Attending ☐ Graduate ☐ Incomplete ☐ Credits Earned Last Date (Month/Year): Last High School Attended: Alberta Education ID# City/Town, Province Previous Post-Secondary Education: College, Technical Institution or University (List Most Recent First) Institution Location Program/Year Completed Degree/Diploma/Certificate 1. 2. 3. **SECTION 3: PROGRAM APPLICATION** ☐ Full-time ☐ Part-time 20 ☐ Fall (Sept) ☐ Winter (Jan) ☐ Spring/Summer Term Applying for: Have you previously applied to/attend RCCC? ☐ Yes □ No

How did you first hear about RCCC? ☐ Friend/Relative ☐ Advertising ☐ Publications ☐ Academic Counselling

☐ Yes

□ No

Are you applying for Post-Secondary Funding (PSSSP)?

If Yes, please check appropriate box.

Full Sponsorship

Tuition Only

SECTION 4: PROGRAM SELECTION	
You are applying to attend RCCC	, please select one program.
☐ Niitsitapi Arts and Science	☐ Indigenous Bachelor Social Work Degree (IBSW)
WHAT ARE YOUR ACADEMIC / CAREER GOALS?	
Briefly describe your academic g	oals and which career your academic courses will lead to.
SECTION 5: PAYMENT AGREEME	
☐ I am a Blood Tribe Member	applying for funding from Blood Tribe Post-Secondary Funding (PSSSP).
☐ I am a Blood Tribe Member	funded by Blood Tribe Post-Secondary Funding Program (PSSSP).
☐ I am NOT a Blood Tribe Men	nber and have applied for financial Sponsorship from my band.
☐ In Process ☐ Final and	Approved
Band Name/Contact Person:	Phone #
`	
☐ I have funding from another s	source and will pay my tuition on receipt of an invoice.
My funding source is:	
	ND PROTECTION OF PRIVACY ACT
_	mmunity College, to comply with College regulations. I certify that this information
1	plete in all respects and I have withheld no information. I also understand that any ay result in cancellation of my admission or registered status. Falsification of
	ested information regarding this application are serious offences. I agree that RCCC
	cation if the information is false or incomplete. The personal information requested
	e authority of section 33(c) of Albert's Freedom of Information and Protection of
	termining eligibility for College admission and/or the administration of academic rtain personal information may be made available to federal, provincial and First
	and agencies under appropriate legislative authority. For information about the
	on contact Red Crow Community College 403-737-2400.
Signature:	Date: