



PO Box 1258
 Cardston, AB T0K 0K0
 Phone: 403-737-2400
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Blood Tribe Post-Secondary Application for Sponsorship

№ 831

Application Date: _____

Priority: _____

Student Information:

Treaty No. 435-_____, DOB _____, Gender _____, SIN No: _____

Surname: _____, First: _____, Middle, _____

Address: _____, City: _____, Prov: _____

Pcode: _____, Email: _____, Phone: _____

Marital Status: Single: _____, Married: _____, Common Law: _____, Dependent Children: _____ (under 18 yrs of age)

Spouse: _____, Employed: Y _____, N _____, Part time: _____

Dependent Children: Copy of AHC Card(s) required

Name: _____, DOB: _____, Age: _____

Name: _____, DOB: _____, Age: _____

Name: _____, DOB: _____, Age: _____

Name: _____, DOB: _____, Age: _____

Education Plan: Full Time: _____, Part Time: _____

Program Level: UCEPP: _____, College: _____, University: _____, Masters: _____, PhD: _____

Program of Study: _____

Institute: _____, Institute City: _____

Start Date: Month: _____, Year: _____, Length of Program: _____, (minimum - 8 months)

Conditions for Educational Assistance:

1. Submit official registration before start of each term of sponsorship.
2. Submit transcripts at the end of each term of sponsorship.
3. Maintain a 2.00 GPA or higher throughout program of studies.
4. **Report any changes:** withdrawal of courses, full/part time status, marital/employment status, or number of dependents.
5. By signing, I authorize the release of any information from my attending educational Institute to the BTPSSSP Office.

Applicant's signature: _____, Date: _____

Counselor's signature: _____, Date: _____

Comments: _____

CONTRACT BETWEEN STUDENT AND
BLOOD TRIBE POST-SECONDARY STUDENT SUPPORT PROGRAM

I, _____, as a student of the Blood Tribe Post Secondary Student Support Program understand and agree to the following conditions for continued sponsorship.

1. To submit a “**Sponsorship Application form**” before the deadline date: June 15 - this covers the period: July 1 to June 30 of the following year. Submission of **official registration forms** by continuing students will update their sponsorship application.
2. All application forms must be accompanied by copies of: **Blood Tribe Membership Card and Alberta Health Care Card** for each dependent claimed.
3. New applicants must submit a **Letter of Acceptance** by August ~~31~~ ²⁰. **Unclassified/open studies** students do not qualify for sponsorship.
4. To provide a copy of **transcripts** upon completion of each semester of sponsorship.
5. To inform Post-Secondary Office of **any changes** in: marital status, number of dependents, registration of courses, program of studies, address, and employment.
6. To maintain a **Current G. P. A. of 2.00** or higher. If my Current GPA falls below **2.00**, I will be placed on academic probation for the subsequent semester. I will sign a **Student Pledge Success Plan** with my Post-Secondary Counsellor when I am placed on academic probation.
7. If I fail to raise my Current GPA over **2.00** in my probation term, I will be **suspended**, indefinitely, from all sponsorship. ~~2.00~~ ^{0.80} GPA in a semester will also result in immediate suspension.
8. Students may earn up to a **maximum of \$2,500 in employable income per month**.
9. **Any alterations** made to my documents or false information submitted to the Blood Tribe Post-Secondary Department will result in my immediate suspension from all sponsorship, indefinitely.
10. Accepting a training allowance check while not attending classes will result in cancellation of any future sponsorship until full restitution has been made.
11. To understand that by signing this “Contract” it is effective for the duration of my sponsorship, up to the successful completion of my program of studies.

Signed: _____, Date: _____

Witness: _____

Blood Tribe Post Secondary
PO Box 1258
Cardston, AB, Canada T0K 0K0
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Release of Information

I grant the Blood Tribe Post-Secondary Student Support Program the right to request and receive information pertaining to my academic performance during my studies while under their sponsorship. This agreement is in effect upon acceptance by the institute and will terminate at the successful completion of my program of studies.

Date

Institute

Student Name (Please Print)

Student ID Number

Student Signature

Witness