



SOUTHEAST STUDENT SERVICES

300 – 208 Edmonton Street * Winnipeg, MB* R3C 1R7
Telephone: (204) 953-2120 * Fax: (204) 953-2128

DOCUMENTS REQUIRED:

- 1. Latest Transcript
- 2. Acceptance Letter
- 3. Registration
- 4. Autobiography
(New Off-Reserve Students Only)

NOTE: Applicants WITHOUT these documents WILL NOT be considered.

APPLICATION DATE: _____

*** ALL SECTIONS OF THE FORM MUST BE COMPLETED TO BE CONSIDERED ***

STUDENT IDENTIFIER _____

Band # Family # Position Date of Birth _____ / _____ / _____
M D Y

Last Name _____ First Name _____

Address _____

City / Town _____ Prov. _____ Postal Code _____

Telephone # _____ Sex F M

DEPENDENTS (List spouse and children living with you if applicable) _____

Spouse's Name _____ Will be employed Will be unemployed; check one option below
 Full Time Student Receives EI/SA

Child's Name	Birthdate	Grade	Child's Name	Birthdate	Grade

PREVIOUS EDUCATION _____

Schooling - Training	Name of Institution	Location	Program Completed	Year Completed	Credits / Certificate
High School					
Community College					
University					
Other (specify)					

Highest grade completed in primary or secondary school: _____

I hereby make application for assistance to enroll in a U.C.E.P. or post-secondary program at an institution for which I have been accepted.

I will be attending _____ taking _____
INSTITUTION PROGRAM

from _____ to _____ GRADUATION DATE STUDENT NUMBER (if applicable)
START DATE END DATE

ASSISTANCE REQUIRED (for office use only) _____

- U.C.E.P. U.P.T. SPEC. FULL-TIME PART-TIME

FOR OFFICE USE ONLY

A. Educational Costs	April 1 / to August 31 /	September 1 / to March 31 /
Tuition Fees		
Books / Supplies		
Tutorials		
Special, Clothing, Equip.		
TOTAL (A)		(A)
B. Personal Living Costs		
Training Allowance	\$ _____ MO X _____ MOS.	\$ _____ MO X _____ MOS.
Child Care (UCEP only)	\$ _____ MO X _____ MOS.	\$ _____ MO X _____ MOS.
Travel (Seasonal)	\$ _____ one way X _____	\$ _____ one way X _____
Relocation		
Graduation / Academic Incentive		
Christmas Bonus		
Other (Specify)		
TOTAL (B)		(B)
GRAND TOTAL		

APPLICATION FOR EDUCATION SPONSORSHIP

DEADLINES

Applications: **APRIL 30**
Transcripts/Acceptance Letters: **MAY 30**
Application Results Mailed: **JULY 3**

STUDENTS RESPONSIBILITY

- 1. To submit a Southeast Application for each new fiscal year with the required documents.
2. To register for a total of 24 CR/HR per Fall/Winter Session and Spring/Summer Session for a total of 9 - 12 credit hours and submit registration forms to SESS.
3. To submit a request for books and supplies for each term/semester.
4. To submit a monthly progress report by the end of each month.
5. To attend all scheduled classes regularly and consistently.
6. To consult with my counsellor on changes of dependents, residence, etc.
7. To consult with my academic & sponsor counsellor prior to withdrawing from any course/program.
8. To meet the standards required by the post-secondary institution and SESS for continuation in my program of studies. eg. "C" average 2.0 GPA or its equivalent.

POLICIES AND GUIDELINES

- 1. Student allowances are based on marital status, number of dependents and spouse's status (employed or unemployed).
2. Tuition fees are paid directly to the institution by SESS.
3. Book allowance is paid to students upon submitting Financial request form (university students only). Colleges are given a Letter of Sponsorship for students to charge up text books.
4. Seasonal travel is paid to students who **must** leave their communities. Two return trips per year (Sept - June, and Christmas Return).
5. Emergency Travel: Death of immediate family member (i.e. parents, grandparents, siblings).
6. Student Services will not be responsible for any outstanding debts incurred by students (e.g. bank loans, student loans, credit cards, fines, and associated University/College fines or loans).
7. Applications are reviewed and approved by local committees.
8. Selection is made based on community post-secondary funding allocations.

I acknowledge that this document is only an application and cannot be construed as a guarantee for sponsorship.

I have read and understand the Student Responsibilities and the Policies and Guidelines. I hereby apply for educational funding based on the personal information provided.

I authorize the release of information from First Nations Social Services Agencies, or Provincial Security, to SESS to obtain any information required to determine my and/or dependents eligibility for Educational Assistance. I also give permission for SESS to verify or confirm with any source the correctness and accuracy of the information contained in this application. As well, I do hereby give permission to SESS to disclose any information regarding my student sponsorship to the appropriate authorities at the local First Nation (ie: Any School Board Member, Social Assistance Worker).

STUDENT'S SIGNATURE

COUNSELLOR'S COMMENTS AND RECOMMENDATIONS

I Recommend or do not recommend the approval of this application

because _____

COUNSELLOR'S SIGNATURE

DATE

This application is: Approved Defer from _____ to _____

Specify Conditions if any: _____

SCHOOL COMMITTEE CHAIR

SCHOOL COMMITTEE MEMBER

SCHOOL COMMITTEE MEMBER

SCHOOL COMMITTEE MEMBER