



## Post Secondary – UCEP Application

**Swan Lake First Nation**  
 PO Box 368  
 Swan Lake, MB  
 R0G 2S0

**IMPORTANT:** *You must include the following for your application to be considered complete:*

- Letter of Acceptance
- Course Information
- Authorization for Release of Transcript
- Application Form completed, signed & dated

**Ph (204) 836-2101 Toll Free 1-866-395-3240 Fax (204) 836-2877 Email: slfnpostsec@mymts.net**

Program	Attendance:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Course Name	Fall	<input type="checkbox"/>	Winter	<input type="checkbox"/>
Institute	Spring	<input type="checkbox"/>	Summer	<input type="checkbox"/>

### PERSONAL

Name	Last Name	First Name	Initial
Mailing Address	PO Box or Number & Street		City or Town
	Province	Postal Code	Country
	<b>E-mail:</b>		
Address while in school (if different from above)	PO Box or Number & Street		City or Town
	Province	Postal Code	Country
	<b>E-mail:</b>		
Do you currently rent from Dakota Ojibway Tribal Council Housing Authority?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

Day	Birthdate Month	Year	Gender Male <input type="checkbox"/>	Female <input type="checkbox"/>	Home Telephone	Work Telephone
Treaty No.			Social Insurance Number		MHSC #	
Marital Status	<input type="checkbox"/> Single (live with Parents)		<input type="checkbox"/> Single		<input type="checkbox"/> Single Parent	
	<input type="checkbox"/> Married (employed Spouse)		<input type="checkbox"/> Married (dependant spouse)			
Next of Kin	Name:			Address:		
	Relationship:			Phone:		

Dependants	Spouse Last Name	Spouse First Name	Initial
Name	Birthdate	Day/Month/Year	Name    Birthdate    Day/Month/Year

### EDUCATION BACKGROUND

	Institute	Program or Course	Years Attended	Completed	Year
Elementary					
High School					
College					
Other (specify)					
Other (specify)					

**\*\*I understand and accept the following conditions for sponsorship:**

1. To attend classes regularly and consistently
2. To consult with my counselor if any problem arises academically, financially, physically or emotionally.
3. To meet the institution's requirements and regulations for continuation in my program of studies.
4. To provide my transcript of marks and progress reports as requested by my sponsor.
5. To adhere to sponsorship policies and regulations as stated in the guidelines.
6. To consult with my counselor on changes of residence, dependants, etc.
7. I hereby authorize the release of my transcript, progress reports, attendance records and other information as required to continue my eligibility for sponsorship.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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Post-Secondary Program Use Only

Date Received

Received By

Accepted

Denied

Specify Conditions (if any)

Authorized By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date