Swan Lake First Nation
POST SECONDARY OFFICE
335 – 200 Alpine Way
Headingley, MB, R4H 0B7
Office: 204-615-6982
Email: postsecondary@slfn293.ca

SPONSORSHIP APPLICATION

Type of Sponsorship:

☐ Continuing Student
☐ New Applicant
☐ Full Time Study
☐ Part Time Study

Applicant Information:

Full Legal Name _____

Date of Birth: _____

Status #: _____

Social Insurance #: _____

Contact Information:

Mailing Address: _____

Address while attending school: _____

Phone # / Cell #: _____

Email Address: _____

Employment Status:

☐ Employed Full-Time
☐ Employed Part-Time
☐ Receiving Employment Insurance Benefits
☐ Receiving Income Assistance Benefits

Marital Status:

☐ Single Student
☐ Single Parent
☐ Married
☐ Common-Law

Spouse's Information: (if applicable)

Full Legal Name: _____

Date of Birth: _____

Status #: _____

Social Insurance #: _____

Spouse's Employment Status:

☐ Employed Full-Time
☐ Employed Part-Time
☐ Unemployed / Dependent Spouse
☐ Sponsored Student from SLFN / Other First Nation
☐ Receiving Employment Insurance Benefits
☐ Receiving Income Assistance Benefits

Dependent Child(ren):					
First & Last Name:	**Date of Birth:** (YY-MM-DD)	**Lives with me: (√ = check one)**			
		Yes		**No**	
		Yes		**No**	
		Yes		**No**	
		Yes		**No**	
		Yes		**No**	

**Attach separate page for additional dependent children. **

Previous Education:			
Name of Educational Institute:	**Program of Study:** (Example. High School Diploma, Administrative Assistant Certificate)	**Year(s) Attended:** (Example. 2005 to 2007)	**Did you complete & receive education credential:**
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Additional Resources:

☐ Have you applied for other funding? ☐ Yes ☐No

If yes, what other funding have you applied for? _____

_____

Details of Sponsorship Request:

Name of Education Institution: _____

Program of Study _____

Level of Education:
- ☐ **UCEPP**: University /College Entrance or Mature Student High School Diploma
- ☐ **Level I:** Certificate / Diploma
- ☐ **Level II**: Associates Degree / Undergraduate Degree
- ☐ **Level III**: Graduate /Advanced / Professional Degree
- ☐ **Level IV:** Doctoral Degrees

Duration of Program:
- ☐ **One-Year**
- ☐ **Two Years**
- ☐ **Three Years**
- ☐ **Four Years**
- ☐ **Five Years**

Term / Semester/ Session:
- ☐ **Fall** - *September to December*
- ☐ **Fall / Winter** -*September to April*
- ☐ **Spring** - *May to June*
- ☐ **Summer** - *July to August*

Estimated Costs:

Tuition _____

Student Fees _____

Books _____

Materials & Supplies _____

Child Care _____

Other Costs-

- Bus Pass / Parking _____
- Internet _____
- Field Experience/Practicum _____

Short Essay
Provide a written account of: • Why you chose this program of study and this educational institute • What have you done to prepare for your educational journey • Your current situation • Your future career goals • Why you should be selected for funding

Conditions of Sponsorship:	**Initial:**

1. To attend classes as required by my educational institution for my program of study – whether classes are in-person/virtual. _____

2. Notify my educational institution/ instructor and sponsor if I will be absent from class(es) and the reason for absence(s). _____

3. To take the responsibility for catching up on any/all missed schoolwork while absent from class(es). _____

4. Consult my educational institution/ academic advisor and my sponsor if any academic issues arise AND to obtain approval before making any/all changes to registered course(s) and/or term courseload. _____

5. Notify my sponsor if there are any changes to my circumstances that may impact my sponsorship, such as: _____
   - Employment Status - for myself and/or my dependents
   - Marital Status
   - Contact Information – change of residence, phone number, email, etc.
   - Number of Financial Dependents – for example if a dependent child turns age of majority (18 years)
   - Bank Information

6. Provide final marks at end of each term/semester to my sponsor _____
   - Required to confirm eligibility for continued funding
   - Assess eligibility for term academic incentive
   - To be eligible there must be no incomplete marks on transcript *(Example: No "F" and/or "VW" marks)*

7. Maintain *'Good Academic Standing'* and achieve the minimum required 2.0 GPA for each term/semester of funding. _____

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Received:		**Received By:**
☐ **Approved**	☐ **Denied**	☐ **Specify Conditions (if any)**
Authorized By:		**Date:**