



Post-Secondary - U.C.E.P. Application Form

Dakota Ojibway Tribal Council Education and Counselling Services No. 2 - 345-10th Street Brandon, Manitoba R7A 4E9 Phone: 204-729-3610 Fax: 204-726-5966		Forms Included 1. Latest Transcript 2. Acceptance Letter 3. Registration			
Region	PS	C-31	UCEP	New	Returning

PART A - Personal Information

* All sections of the form must be completed to be considered *

Band _____ Band Number _____ Medical Number _____ Social Insurance Number _____

Surname _____ Given Name _____ Student Number _____

Current Address _____ City/Town _____ Postal Code _____ Phone Number _____

Birth Date _____ Sex _____

Marital Status _____ Usually live _____
Single Single Parent Married Separate Divorced

On Reserve

Off Reserve

Names of Dependents

1.

Birthdate

Names of Dependents

4.

Birthdate

2.

5.

3.

6.

Spouse: Will live with me _____ Will be a full-time student _____ Will be employed _____

Contact Person's Name: (Next of Kin) _____ Address: _____ Phone Number _____

Previous Education and Training

Schooling / Training	Name of Institution	Location	Program Completed	Year Completed	Certificate Received
Secondary			Yes No		
Community College			Yes No		
University			Yes No		
Other (specify)			Yes No		
Highest grade completed in primary or secondary school _____		Previous number of student weeks used _____	Post Secondary _____	U.C.E.P. _____	

PART B - Assistance Required

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

Educational Assistance Category: Post-Secondary C-31 U.C.E.P.

Name of Program or Course _____

From

To

Institution _____

Location (city - province) _____

Postal Code or Zip Code _____

Describe Career Goals: _____

Expected Date of Graduation _____

Classification of Training and Institutions

Attendance Full-time _____ Part-Time _____ Supplement _____
 Type of Training UCEP _____ Community Course _____ University Master _____
 Community College _____ University Bachelor _____ University Ph.D. _____
 other (Specify) _____

List of courses registered in and the number of credit hours: _____

FOR OFFICE USE ONLY

PART C - Cost of Educational Assistance

	Projected % Increase	Current Fiscal Year 20__ / __ April - March	Projected % Increase	Current Fiscal Year 20__ / __ April - March
1. Training Allowance \$ _____ mo. x _____ mos.				
2. Tuition				
3. Books and Supplies				
4. Seasonal Travel \$ _____ one way x _____				
5. Academic Incentive				
6. Academic Scholarship				
7. Strategic Scholarship				
8. Post-Grad Incentive				
9. Other (Specify)				
Total of Financial Assistance		Current Fiscal Year 20__ / __		
Planned Number of Weeks				
a. Post-Secondary	Months	_____	Months	_____
b. U.C.E.P.	Months	_____	Months	_____
Financial Assistance Category				
Full Time	Part Time	Supplement		

PART D - Counsellor's Comments and Recommendations

I recommend or do not recommend the approval of this application because _____

Counsellor's Signature _____ Date _____

PART E - I understand and accept the following conditions for sponsorship by the Dakota Ojibway Tribal Council

1. To attend classes regularly and consistently.
2. To consult with my counsellor if any problem arises academically, emotionally, physically or financially.
3. To meet the institution's requirement and regulation 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 counsellor on changes of dependents, residence, etc.
7. I hereby authorize the release of my transcript, progress reports, and attendance records.

I understand and accept the above conditions of sponsorship by the Dakota Ojibway Tribal Council.

Accepted Denied Specify conditions if any: _____ Signature _____ Date _____

Signature of Authorizing Officer _____ Date _____

NOTE: Application will not be considered complete without the following:

1. Letter of Acceptance / Registration
2. Latest Transcript of Marks
3. All Sections of the Application (Parts A, B, & E) completed and signed

OUT-OF-PROVINCE STUDENTS include program information, tuition and travel costs.

a T.D. Bank: _____ Branch#: _____ Account#: _____