



## APPLICANT INFORMATION

Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	Province:	<input type="text"/>
Postal Code:	<input type="text"/>	State/Province:	<input type="text"/>
Program:	<input type="text"/>	Location:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Student #:	<input type="text"/>	Status #:	<input type="text"/>

## ELIGIBILITY CRITERIA

- Be a Whitecap Dakota Nation member
- Full-time student in a post-secondary program
- Have a current minimum average of 65% for all classes and good academic standing

## REQUIRED DOCUMENTS

- ☐ Copy of high school or post secondary transcripts
- ☐ Completed demonstration of financial need
- ☐ Education path or plan and career goals - 1 page

## SUBMIT COMPLETED APPLICATION PACKAGE TO:




kcbuffalo@whitecapdakota.com



182 Chief Whitecap Trail  
Whitecap, SK S7K 2L2



306-477-0908



*Total of **\$30,000** is to be  
awarded between all  
eligible applicants*

**DEADLINE FOR APPLICATION: JULY 31, 2025**

# DEMONSTRATION OF FINANCIAL NEED

INCOME	AMOUNT
First Nation/Metis Funding	
Governments Student Loan	
Assistance from Parents	
Employment	
Spouse/Partner Net Income	
Disability Benefit	
Universal Child Care Benefit	
Canada Child Care Benefit	
Other (specify)	

24 / 25	
Scholarships/Bursaries/Awards (specify)	AMOUNT

EXPENSES	AMOUNT
Rent/Mortgage	
Power/Electrical	
Heating/Natural Gas	
Water	
Cable	
Phone/Cell Phone	
Food	
Clothing	
Entertainment	
Vehicle (gas, plates, insurance, repairs)	
Transportation	
Medical/Dental	
Child Care	
One Time Expenses	
Other (specify)	
Other (specify)	
Other (specify)	

TOTAL MONTHLY	AMOUNT
Total Income for the Month	
MINUS Total Expenses for the Month	

