



Whitecap Dakota Nation

Post-Secondary Student Support Program APPLICATION FORM

- Applicants to the Whitecap Dakota Nation Post Secondary Education program must complete this form. It is required to collect personal information and documentation for eligibility purposes. Please complete sections A, B, C and D.
- The **Student Guidelines Form must be submitted with this Application Form. First year applicants and returning student guideline forms are available at the WDN Government Band Office and on the WDN website:**
<https://www.whitecapdakota.com/en/education-and-learning/post-secondary.aspx>
- For additional information regarding guidelines, please review the WDN Post Secondary Student Support Program Policy.

PART A – Personal Information

1. All applications will be reviewed according to the WDN Post Secondary Student Support Policy.
2. Applicants must be registered band member of the Whitecap Dakota Nation.
3. Applicants must complete the Student Guidelines Form and submit all required documents.
4. All documents be must fully completed and received by the following deadline dates:

JUNE 30 – Fall and Winter Programs

MARCH 31 – Intersession and Summer Session Programs

Last Name:		First Name:		Middle Initial:
Status Number: 3 7 2		Date of Birth: ____ / ____ / ____ Year mm dd		
Address:		Postal Code:	Cell Number:	
Permanent Mailing Address:		Postal Code:	Home Number:	
Email Address:				
List Dependents Name, Age, DOB and Residency:		Age	Date of Birth	Does he/she reside with you? Y(Yes) or N(No)

PART B – Previous Education and Training

1. Living assistance is provided to applicants based on the WDN Post Secondary Student Support Policy and Post Secondary Education Budget.
2. Tuition, book allowance and other listed compulsory supplies are provided to applicants based on the WDN Post Secondary Education Policy and the Post Secondary Education Budget.
3. Full Time students are applicants enrolled in 24 credit unit courses or 4 institution credit-based courses who receive tuition, living and book allowance.
4. Part Time students are applicants enrolled in less than 24 credit unit courses or less than 4 institution credit-based courses who receive tuition and book allowance only.



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Institution:	Name of Institution:	Location:	Diploma, Degree completed/received	Start and Completion Program Dates:	
Grade 12 High School					
Technical Institute					
College					
University					
Other (specify)					

PART C – Type of Program

Institution Type		
<input type="checkbox"/> Technical Institute <input type="checkbox"/> Community College <input type="checkbox"/> University Bachelor <input type="checkbox"/> Masters Degree <input type="checkbox"/> University Ph. D <input type="checkbox"/> Other (explain): _____		
Institution Name: _____		
Student Enrolment Status <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Fall Session <input type="checkbox"/> Winter Session <input type="checkbox"/> Intersession <input type="checkbox"/> Summer Session	Start Date: Date: _____ YYYY / MM / DD	Completion Date: _____ YYYY / MM / DD
Program Details: Entrance requirements: _____ Length of program: _____ List all costs for tuition, books, supplies and/or special equipment: _____		

PART D – STUDENT ACADEMIC CONSENT

<input type="checkbox"/> Whitecap Dakota Nation has full access to my personal academic progress, evaluation and attendance.
<input type="checkbox"/> I will complete and submit my student mid-term and final reports upon completion of each term (signed by the appropriate institution authority, if necessary).
<input type="checkbox"/> I accept full responsibility to complete and satisfy the academic requirements as outlined by the institution and will seek the necessary tutorial support offered.
<input type="checkbox"/> I will manage the educational assistance provided and will seek the financial management support offered by the WDN (if required).
<input type="checkbox"/> I understand it is not the responsibility of the Whitecap Dakota Nation to pay for late fees, or any other negligent fees incurred. It is my responsibility to read and become acquainted with the institution's guidelines, schedule and expectations.



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I understand it is my responsibility to access the third-party sponsorship form from my respective institution and submit it to the Whitecap Dakota Nation.

Student Name: _____ Student Number: _____

Student Signature: _____

Date: _____

OFFICE USE ONLY – Application Status

Full Approval Partial Approval (*Tuition or Living Allowance*) Incomplete Application Denied

Total Estimated Costs:

1. Monthly Living Allowance: \$ _____

2. Tuition & Books: \$ _____

3. Other: \$ _____

ANNUAL TOTAL: \$ _____

Comments: _____

Authorization Signature: _____

Position Title: _____

Date of Application Review: _____

All applications must be emailed to: postsecondary@whitecapdakota.com

All documentation is required prior to the review of your application.

Please note that support is available upon request to the PSE Program Coordinator prior to completing your application.

Whitecap Dakota Nation Government Office

182 Chief Whitecap Trail,

Whitecap SK

Phone: 306-477-0908

Website: www.whitecapdakota.com