



Bigstone Cree Nation - Education Authority

P.O. Box # 870, Wabasca, Alberta, Canada T0G-2K0

Phone: (780) 891-3825

Fax: (780) 891-2178

Toll-Free: 1-877-458-2447

WELCOME

This is your application package for POST-SECONDARY EDUCATION SPONSORSHIP

There will be a total of **TWO Regular intakes** for each academic year.

1. Fall Intake (i.e.: September start date) – **Deadline: June 15**
2. Winter Intake (i.e.: January start date) – **Deadline: December 1**

Applications received after deadline will not be processed!!

Please ensure that you have completed all forms attached to the application package and you have attached all required documentation, this includes both new and continuing students.

ALL SUPPORTING DOCUMENTS MUST BE INCLUDED!!
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!!

STUDENT CHECKLIST

○ Application Package

- Application Form – **signed & dated** (all fields must be filled in)
- Sponsorship History – **signed & dated**
- Student Contract – **signed** (Please read before signing)
- Student Authorization Form – **signed**
- Dependent List (one piece of ID required & school registration)
- Bank Information – Must be stamped by bank or VOID cheque
- Release of Information (FOIP)
- Education Plan

○ Supporting Documents

- Letter of Intent ~ Why do you want to return to school, what are your goals, etc
- Clear Copy of Status Card (front/back)
- Course List (Full Time Students: **MINIMUM OF 3 COURSES**)
- Fee Assessment (i.e.: Tuition, books/supplies)
- Acceptance Letter – Mandatory, NO EXCEPTIONS!
- Statement of Marks/Transcripts – Mandatory, NO EXCEPTIONS!
- ***Program Planning guide signed by program advisor***

ORIGINAL APPLICATION PACKAGE AND SUPPORTING DOCUMENTS MUST BE IN OUR OFFICE AT TIME OF DEADLINE.

Faxed Copies are not processed, but placed on hold.



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APPLICATION FOR POST-SECONDARY EDUCATION SPONSORSHIP

PERSONAL INFORMATION

Last Name:		First Name:		Second Name:	
Address: (If moving, please provide us with a new address, ASAP)					
City:		Province:		Postal Code:	
Phone Number:		Cell Number:		Email Address - mandatory:	
Current Treaty Number:		Effective Date:		Previous Treaty Number (if applicable):	
4580				4580	
Date of Birth:			Number of dependents (children):		

Previous address (if less than 4 years at current address):

Mailing Address	City	Province	PC	Date	
				From	To

Last High School Attended or Currently Attending:			City/Town		Province
Start Date:	End Date:	Grade Level Achieved or will achieve:	Diploma Received or Expected:		
			Yes	No	

Post-Secondary Institution Last Attended or Currently Attending:			City/Town		Province
Start Date:	End Date:	Level Achieved or will achieve (i.e. Certificate, Diploma, Degree):	Length of Time Attended (Yrs)		

EDUCATION PLAN ~ Applying for Sponsorship to Attend:

College/University	Location:	Program:
Term Start Date: (i.e. September ??, 2015)	Term End Date: (i.e. April ??, 2016)	Expected Graduation Date:
Length of Program:	Current Year in Program: ____ of ____	Credits Earned: ____ (Attach Official Transcript)

Applying to Attend: Full Time Part Time Distance/On-line Delivery

Applying to Begin: Fall (September) Winter (January) Spring (May) Summer (July)

Type of Study: UCEP/Academic Upgrading Level 1 ~ Certificate OR Diploma Level 2 ~ Undergraduate Degree
 Level 3 ~ Graduate Degree OR Masters Level 4 ~ Phd/Doctorate

Have you ever been sponsored by Bigstone Education Authority or Bigstone HRD? Yes No (If yes, complete attached sponsorship history form)

Checklist for required supporting documents: (Please ensure that all forms are complete and signed)			
<input type="checkbox"/> Copy of Status Card (Both Sides)	<input type="checkbox"/> Student Authorization Form	<input type="checkbox"/> Letter of Acceptance	<input type="checkbox"/> Sponsorship History
<input type="checkbox"/> Letter of Intent	<input type="checkbox"/> Dependent List	<input type="checkbox"/> Course List	<input type="checkbox"/> Transcripts
<input type="checkbox"/> Fee Assessment (Tuition/Books/Supplies)	<input type="checkbox"/> Signed Student Contract	<input type="checkbox"/> Bank Information	<input type="checkbox"/> Education Plan

Final approval for funding cannot be made without **ALL** documentation ~ Application package and supporting documents. All applications must include a legible copy of Treaty Card. Application package must be submitted no later than the application deadline.

DECLARATION AND APPLICATION FOR SPONSORSHIP

I HEREBY DECLARE THAT ALL INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE ALSO READ AND UNDERSTOOD THE PSE POLICY MANUAL INCLUDED WITH MY APPLICATION PACKAGE AND WILL HEREBY ABIDE BY THE TERMS AND CONDITIONS AS SET FORTH.	
Student Signature:	Date:



BIGSTONE CREE NATION

STUDENT HISTORY

NAME:	TREATY #: 4580
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Please be aware of "Section 7" of the Post-Secondary Education Student Sponsorship Policy
 It is crucial that you provide your sponsorship history to the best of your knowledge.
 You may enter approximate dates and number of months sponsored if not sure.

Bigstone HRD Sponsorship History				
ACADEMIC YEAR	PROGRAM	INSTITUTE	FULL TIME (Months)	PART-TIME (Months)
Example: 2008-09	Forest Technology	NAIT	8	N/A

Bigstone Education Authority Sponsorship History				
ACADEMIC YEAR	PROGRAM	INSTITUTE	FULL TIME (Months)	PART-TIME (Months)
Example: 2009-10	Business Administration	NAIT	10	N/A

I HEREBY DECLARE THAT ALL INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE ALSO READ AND UNDERSTOOD THE PSE POLICY MANUAL INCLUDED WITH MY APPLICATION PACKAGE AND WILL HEREBY ABIDE BY THE TERMS AND CONDITIONS AS SET FORTH.

Student Signature: _____ Date: _____



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STUDENT CONTRACT

I, the undersigned have read and agree to the following:

1. I will accept the responsibility to adhere to the University / College regulations and meet the standards required by the Institution for continuation in my course of studies.
2. I am aware and will adhere to the course load requirements as set out by Bigstone Education Authority to determine my sponsorship status and will submit a course list for every term.
3. I agree to consult with the Counselor of my program and advise the Post Secondary Counselor if any problems should arise which could affect my studies and my sponsorship status.
4. I agree to provide my marks and reports at the end of each semester to the Post Secondary Counselor.
5. I agree to report any changes to my student information and/or program status promptly in writing.
6. I authorize the Post Secondary Counselor and Bigstone Education Authority to obtain information from person, agencies or organizations to determine and/or verify my eligibility for sponsorship from Bigstone Education Authority.
7. I authorize the Post Secondary Counselor and Bigstone Education Authority to deduct any outstanding amounts from previous sponsorships owed to Bigstone Education Authority from my monthly training allowance.
8. I declare that all information provided is true and complete. I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as is made under oath.
9. I am aware of my sponsorship limitations as outlined in the post secondary student sponsorship policy.
10. I understand that I have the right to appeal any decision made with respect to my application for sponsorship in accordance within the BCNEA policy.

STUDENT NAME: (Please Print)

TREATY NUMBER:

STUDENT SIGNATURE:

DATE:



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STUDENT AUTHORIZATION FORM

As a condition to my Education Sponsorship I am required to give consent to Bigstone Education Authority to obtain any information pertaining to my financial, academic, enrolment status and personal information as follows:

I hereby authorize _____
(Name of Learning Institution)

to release the said information above to the Post Secondary Education Counselor and/or the Director of Education of the Bigstone Cree Nation Education Authority when requested for the period stated below:

_____ to _____
(Print start date of Program) (Print end date of Program)

I understand the purpose of the information is solely to determine the status of my sponsorship and that Bigstone Education Authority will not disclose this information to any other parties without my express written consent.

PROGRAM/FACULTY: _____

STUDENT NAME: _____ **STUDENT I.D.#** _____

SIGNATURE: _____ **DATE:** _____

NOTE: Please ensure you sign a release of information form with your school, and submit to BCNEA office.



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FAMILY INFORMATION SHEET

LIST ALL OF YOUR CHILDREN WHO ARE IN YOUR CARE EFFECTIVE SEPTEMBER
(Provide copy of child's ID – Birth Certificate/AHC/NCB statement/school registration)

Name of Child:	Date of Birth:	Grade:	School Attending:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proof of school registration will be required for all school aged children.

NAME OF YOUR SPOUSE IF APPLICABLE AND HIS / HER STATUS:

Name: _____ Employed Not Employed

Treaty #: _____ (if applicable)

STUDENT NAME: (Please Print) _____

TREATY NUMBER: _____

STUDENT SIGNATURE: _____

DATE: _____

REQUEST FOR PAYMENT BY DIRECT DEPOSIT



Instead of sending you a cheque, we are arranging a new direct deposit system. Your payment will be deposited directly into your personal account in the financial institution of your choice.

PLEASE ATTACH A SAMPLE PERSONALIZED DEPOSIT SLIP OR CHEQUE MARKED "VOID". IF THIS IS NOT POSSIBLE YOUR BANK BRANCH CAN ASSIST YOU IN COMPLETING THE ACCOUNT INFORMATION.

VALID ONLY IF/WHEN:

1. Form is stamped by bank, or
2. Void cheque attached, or

INFORMATION FOR PAYMENT PURPOSES

Student Name

Address

TREATY #

BIGSTONE CREE NATION EDUCATION AUTHORITY IS HEREBY AUTHORIZED AND REQUESTED TO CREDIT PAYMENTS DUE ME TO MY ACCOUNT WITH THE FINANCIAL INSTITUTION DESIGNATED BELOW, UNTIL CANCELLED BY ME IN WRITING.

SIGNATURE

DATE

BANK OR FINANCIAL INSTITUTION

BRANCH ADDRESS

CITY

PROVINCE

BANK NUMBER

TRANSIT NUMBER

ACCOUNT NUMBER

Please have Bank Teller insert Banking information or attach a "VOID" cheque for accuracy

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Bigstone Cree Nation - Education Authority

RETURN OF SERVICE

DEFINITION

RETURN OF SERVICE

It is recommended that following the completion of a student's program of studies, the students first obligation is to provide their services to the Bigstone Cree Nation, providing there is existing employment available within the chosen profession and available accommodation.

The minimum length of service will be half the number of years funded by the BCNEA. In an event that a student refuses to accept the existing job offered to him/her by BCN, he/she will have to pay back the BCNEA half the total cost of obtaining the post secondary education (living allowance, tuition, books, etc.)

AGREEMENT BETWEEN

Bigstone Cree Nation
Education Authority

AND

Student Name

Treaty Number

As a student sponsored by Bigstone Education Authority I shall adhere to the policies and procedures of Bigstone Cree Nation Education Authority.

I, _____ (student name) agree to accept employment with Bigstone Cree Nation; providing there is existing employment available within the chosen profession and available accommodation.

Employment with Bigstone Cree Nation will be based on duration of sponsorship:

- i. A 2 year diploma program shall equal 1 year employment with Bigstone Cree Nation.
- ii. A 4 year degree program shall equal 2 years employment with Bigstone Cree Nation

In an event that I, _____ (student name) refuse to accept an existing job offered by Bigstone Cree Nation; I agree to pay back the Bigstone Cree Nation Education Authority half the total cost of obtaining my post secondary education (i.e.: living allowance, tuition, books, etc.)

I declare that all information provided is true and complete. I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as is made under oath.

I understand that I have the right to appeal any decision made with respect to my application for sponsorship in accordance within the BCNEA policy.

I agree to and will abide by the "Return of Service" Agreement as stated Above.

STUDENT NAME: (Please Print)

STUDENT SIGNATURE:

DATE:



Bigstone Education Authority Sponsorship Program

EDUCATION PLAN ~ _____
Student Name

Program: _____ School: _____

{ } Certificate/Diploma { } Degree { } Post Diploma/Degree/Master { } PhD/Doctorate

Year {1} {2} {3} {4}

YEAR 1 ~ 20__ / __

Term: Fall (FA), Winter (WI), Spring (S) = 10 Months

COURSES:

CORE:	CR	Term
1. _____	___	___
2. _____	___	___
3. _____	___	___
4. _____	___	___
5. _____	___	___
6. _____	___	___

Electives	CR	Term
1. _____	___	___
2. _____	___	___
3. _____	___	___
4. _____	___	___
5. _____	___	___
6. _____	___	___

YEAR 1 ~ TOTAL CREDITS EARNED: ____ /30

YEAR 2 ~ 20__ / __

Term: Fall (FA), Winter (WI), Spring (S) = 10 Months

COURSES:

CORE:	CR	Term
1. _____	___	___
2. _____	___	___
3. _____	___	___
4. _____	___	___
5. _____	___	___
6. _____	___	___

Electives	CR	Term
1. _____	___	___
2. _____	___	___
3. _____	___	___
4. _____	___	___
5. _____	___	___
6. _____	___	___

YEAR 2 ~ TOTAL CREDITS EARNED: ____ /60

YEAR 3 ~ 20__ / __

Term: Fall (FA), Winter (WI), Spring (S) = 10 Months

COURSES:

CORE:	CR	Term
1. _____	___	___
2. _____	___	___
3. _____	___	___
4. _____	___	___
5. _____	___	___
6. _____	___	___

Electives	CR	Term
1. _____	___	___
2. _____	___	___
3. _____	___	___
4. _____	___	___
5. _____	___	___
6. _____	___	___

YEAR 2 ~ TOTAL CREDITS EARNED: ____ /90

YEAR 4 ~ 20__ / __

Term: Fall (FA), Winter (WI), Spring (S) = 10 Months

COURSES:

CORE:	CR	Term
1. _____	___	___
2. _____	___	___
3. _____	___	___
4. _____	___	___
5. _____	___	___
6. _____	___	___

Electives	CR	Term
1. _____	___	___
2. _____	___	___
3. _____	___	___
4. _____	___	___
5. _____	___	___
6. _____	___	___

YEAR 2 ~ TOTAL CREDITS EARNED: ____ /120