



**FREEHORSE FAMILY WELLNESS SOCIETY (FFWS)
POST SECONDARY STUDENT SUPPORT PROGRAM APPLICATION FOR SPONSORSHIP**

Return your complete and signed application by mail to: Suite 204, 11710 Kingsway Avenue, Edmonton, AB T5G 0X5

QUESTIONS? CALL US AT 1-800-411-9658 OR 780-944-0172

STUDENT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name(s)
<input type="text"/>	<input type="text"/>	
Previous Last Name(s)	Alias(s)	

Please check one of the following:

- I am a new student and have never received any type of sponsorship from FFWS
- I am a continuing student from the previous academic year
- I am a returning student following a break of more than one academic year
- I am applying for a UCEP/upgrading Program

Have you currently applied for financial assistance from the government, your band or any other organization/agency?

Yes No If yes, from where?

Will you be receiving Income Support (Welfare) during your sponsorship with FFWS? Yes No

Please provide your Indian Registry Number (if from an Alberta-based band or the Northwest Territories) directly from your Status Card:

Band Code <input type="text"/>	Family Number <input type="text"/>	Position Number <input type="text"/>
First 3 digits	4 or 5 digits after band code	Last 2 digits

Is your status a result of Bill C-31? Yes No (if unsure, see page 3 of the FFWS Handbook)

Do you have Inuit status? Yes No

Are you a resident of Alberta? Yes No If yes, how long have you been a resident of Alberta?

Have you been a resident of Canada for the last 12 consecutive months? Yes No

<input type="text"/>	<input type="text"/>	Gender <input type="checkbox"/> Male
Social Insurance Number	Date of Birth YYYY/MM/DD	<input type="checkbox"/> Female

CONTACT INFORMATION

<input type="text"/>	<input type="text"/>
Address	City/Town/Community
<input type="text"/>	<input type="text"/>
Province/Territory	Postal Code
<input type="text"/>	<input type="text"/>
Telephone Number	Email (To receive important reminders and information)
	<input type="text"/>
	Alternate Telephone Number
	<input type="text"/>
Where will you be residing during the academic year?	<input type="checkbox"/> Check if same as above
<input type="text"/>	<input type="text"/>
Address	City/Town/Community
<input type="text"/>	<input type="text"/>
Province/Territory	Postal Code
	Telephone Number
	<input type="text"/>

Please print your full name:

SPOUSE AND DEPENDANT INFORMATION

Current Marital Status: Single Married Common Law Separated/Divorced

Will you be living with your parents during the academic year? Yes No

If yes, will you be paying rent? Yes No N/A

Number of dependant children **in your care** under the age of 18: N/A

Note: this does not include foster children, but does include children in your legal custody.

Are you required to pay child support? Yes No N/A Are you receiving child support? Yes No N/A

If you are a single parent, do you have legal child custody/support documentation? Yes No N/A

Are you claiming your spouse as a dependant? Yes No N/A

PREVIOUS EDUCATION INFORMATION

Please list the past post-secondary institution(s) you have attended and the program(s) you have taken, even if you have not completed the program. If you have not taken any school beyond high school please just write "high school" on the first line. Please use the back of this page if more room is required.

Institution: _____ Program: _____ Length of Program: _____ When did you take it?: _____ Completed (Y/N): _____

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PROGRAM AND INSTITUTION INFORMATION

Program you will be registered in Institution you will be attending Institution Location (City/Town)

Attendance Full time or Part time Will your program be held through online/distance learning? Yes No

Will any of your courses be Correspondence/Online/Blended, Independent Studies, or Self-Paced? Yes No

I am registering in the (circle one) **1st** **2nd** **3rd** **4th** **5th** year of a (circle one) **1** **2** **3** **4** **5** year program

Academic Year Start Date YY/MM/DD Academic Year End Date YY/MM/DD Expected Graduation Date YY/MM

Please print your full name:

I hereby make application for financial assistance and accept the following conditions:

1. To become familiar with the assistance limitations under the PSSSP Policy and Guidelines
2. To meet the standards required by my educational institution for continuation of sponsorship
3. To provide transcripts or statements of performance at the end of each semester
4. To read the most current edition of the FFWS Student Handbook
5. To have funds transferred via Electronic Funding Transfer into my bank account
6. To notify FFWS immediately of any change in my personal, academic or banking information
7. To notify FFWS if I receive funding from any other government organization/agency/band
8. To manage my education and funding to the best of my ability

I am aware that providing false or incomplete information may be considered fraud. I am also aware that any payments of funding provided in error will result in recovery of the full amount from my current funding as well as any future funding without time limitation and I understand it may affect my ability to access future funding.

Applicant's Signature

Date

Funding Officer Signature (upon fully processing application)

Date

IT IS YOUR RESPONSIBILITY TO ADVISE YOUR FUNDING OFFICER IN WRITING IF ANY INFORMATION ON YOUR APPLICATION CHANGES AFTER YOU SUBMIT IT TO FFWS

Residency Declarations

To be filled out by **all applicants**:

I, _____, certify that I have been a resident of Canada for 12 consecutive months prior to the date below.

Signature

Date

To be filled out only by **Inuit applicants** and **applicants registered with a band from the NWT**:

I, _____, certify that I have been a resident of Alberta for 12 consecutive months prior to the date below.

Signature

Date

