



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

Return your complete and signed application by mail to: 2nd Fl., 5333-91 St., Edmonton, AB T6E 6E2
QUESTIONS? CALL US AT 780-944-0172 OR EMAIL AT GENERAL@FREEHORSE.ORG

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)	
<input type="text"/>	<input type="text"/>	
Current Mailing Address	City/Town/Community	
<input type="text"/>	<input type="text"/>	
Province/Territory	Postal Code	Email (To receive important reminders and information)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Alternate Telephone Number	
Where will you be residing during the academic year? <input type="checkbox"/> Check if same as above		
<input type="text"/>	<input type="text"/>	
Apt. Address	City/Town/Community	
<input type="text"/>	<input type="text"/>	
Province/Territory	Postal Code	Telephone Number
Are you a resident of Alberta? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you been a resident of Alberta? <input type="text"/>		
Have you been a resident of Canada for the last 12 consecutive months ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="text"/>	<input type="text"/>	
Social Insurance Number	Date of Birth YYYY/MM/DD	
Please provide your Indian Registry Number directly from your Status/Registry 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
Do you have Inuit status? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FUNDING INFORMATION

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 continuing student from the previous academic year **but** will be in a different program

☐ I have graduated or will graduate from high school during this current year (date of graduation: _____)

☐ I am a returning student following a break of more than one academic year

☐ I am applying for a UCEP/upgrading Program

Have you ever **applied** for funding through FFWS before (even if you were not approved)? ☐ Yes ☐ No

Have you ever **received** post-secondary funding from your **First Nation** before? ☐ Yes ☐ No

Please print your full name:

Have you **currently applied** for OR **expect to receive** any funding from your First Nation? ☐ Yes ☐ No

Have you **currently applied** for OR **expect to receive** any funding/grants from the Government of Canada (aside from FFWS)? ☐ Yes ☐ No

Have you **currently applied** for OR **expect to receive** any funding from any other organization/agency?

☐ Yes ☐ No If Yes, from where?

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

SPOUSE AND DEPENDANT INFORMATION

Current Marital Status: ☐ Single ☐ Married ☐ Common Law (shared residency for more than 1 year)
☐ Separated/Divorced ☐ Widowed

Will you be living with your parent(s) during the academic year? ☐ Yes ☐ Yes, but low-income household ☐ No

Number of dependent 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 support documentation regarding child custody? ☐ 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: _____ Dates Attended: _____ 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 **some** of your courses be online? ☐ Yes ☐ No

If yes, will **all** of your courses be online? ☐ Yes ☐ No

Please print your full name:

I am applying for sponsorship for (circle one): Spring 2025 / Summer 2025 / Spring AND Summer 2025 (May - August)

I am applying for sponsorship for (circle one): Fall 2025 / Winter 2026 / Fall 2025 AND Winter 2026 (September - April)

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

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

Have you ever lived in the NWT? ☐ No ☐ Yes – from _____ (m/d/y) to _____ (m/d/y)

Have you ever lived in Nunavut? ☐ No ☐ Yes – from _____ (m/d/y) to _____ (m/d/y)

*To be filled out **only by 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

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

1. To know that my eligibility for a full-time monthly living allowance is determined by FFWS, not my school; Online courses will not necessarily count toward my full-time course registration – this will also be determined by FFWS
2. To become familiar with the assistance limitations under the PSSSP Policy and Guidelines
3. To meet the standards required by my educational institution for continuation of sponsorship
4. To provide transcripts or statements of performance at the end of each semester
5. To read the most current edition of the FFWS Student Handbook
6. To have funds transferred via Electronic Funding Transfer into my bank account
7. To notify FFWS immediately of any change in my personal, academic or banking information
8. To notify FFWS if I receive funding from any other government organization/agency/band
9. 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 if any information on your application changes after it is submitted*



Freehorse Family Wellness Society

2nd Floor, 5333-91st, Edmonton, AB T6E 6E2

Phone: (780) 944-0172 Fax: (780) 944-0176

Website: www.freehorse.org

E-mail: general@freehorse.org

Please provide a **personal** email address that only you will have access to. If you wish to list someone else's email address, you must also submit a Consent to Release Information form, listing that person.

I _____ (printed name) understand that this consent form will remain valid until I notify Freehorse Family Wellness Society in writing to terminate this email consent. Additionally, I will inform and sign a new consent form in the event if I change this email address.

Email address: _____

Signature

Date

Thank you for submitting an application to the Freehorse Family Wellness Society Post-Secondary Funding Program. You will be contacted by a funding officer once your application has been processed.