



# *Lac La Ronge Indian Band* 2021-2022

## Post-Secondary Student Support Program Application

Post-Secondary Education

Post Office Box 399

AIR RONGE, SASKATCHEWAN S0J 3G0

Toll Free Number: 1-877-768-6888

Central Office Phone: (306) 425-4938 Central Office Fax: (306) 425-3030

Email: [postsecondary@llribedu.ca](mailto:postsecondary@llribedu.ca)

Website: <https://llribedu.ca>

***\*\*Financial assistance must be applied for every year\*\****

***STUDENT NAME:*** \_\_\_\_\_

LA RONGE INDIAN BAND  
**APPLICATION FOR POST-SECONDARY EDUCATIONAL ASSISTANCE**

**A. ELIGIBILITY**

1. The student must be a member of the Lac La Ronge Indian Band. This includes Bill C-31 students. Students who have transferred to the Lac La Ronge Indian Band from another First Nation must wait for a minimum of five years from the date of transfer before being eligible for PSSSP funding. Prior funding will also be taken into consideration. New Lac La Ronge Indian Band Treaty members must provide documentation confirming treaty status.
2. The student must meet entrance requirements and be accepted in a program of at least an eight (8) month duration in a recognized post-secondary institution.
3. Support will be provided within the limits of funds available in accordance with LLRIB funding arrangements. If demand for funding exceeds availability, application will be deferred according to the prioritization rules set out in section 4.0 in the Post-Secondary Student Support Program Operating Guidelines.
4. Applications must be received at the Post-Secondary office by the deadline dates:

**(Applications must be complete in order to be considered)**

September (fall) enrollment	May 31
January (winter) enrollment	October 31
March (Intersession/Summer) enrollment	March 31

**B. TYPES OF ASSISTANCE**

1. Tuition, Books & Supplies – Student’s tuition will be paid. Student will receive funds for textbooks and supplies which are listed as required by the institution of study.
2. Living Allowance – Allowance will not exceed the amount set out by the budget. Where students attend a foreign institution, this will not exceed maximum levels in Canadian funds.
3. Travel – Students may be granted a travel assistance once every semester if they are required to live away from their permanent place of residence. (This is calculated to be equal to the return transportation of the student’s permanent place of residency to the nearest post-secondary institution that offers the program the student wishes to study).
4. Part-time Students – May receive assistance for the tuition and the cost of books and supplies as noted above, which are listed as required by the institution enrolled in.

**C. LIMITS OF ASSISTANCE**

Financial Assistance for tuition, compulsory student fees and required books and supplies may be provided to students enrolled in all four levels.

The duration of assistance may exceed the official length of the program as long as the student is in satisfactory academic standing at the institution:

Level 1: Certificate/Diploma;

Level 2: Undergraduate Degree Program;

Level 3: Graduate Degree/Advanced or Professional Degree;

Level 4: Doctoral Degree.

**Delivery method may be in-classroom, distance learning as long as it meets all eligibility criteria.**

Documentation attached, please check off:

Attached	On File	
___	___	Copy of your Grade 12 marks (official)
___	___	Copy of your Treaty Card
___	___	Copy of your Hospitalization Card (and dependents that you are claiming)
___	___	Copy of your previous post-secondary transcripts
___	___	Copy of your letter of acceptance from the post-secondary institution
___	___	Copy of your class registration or confirmation of enrollment
___	___	Copy of your current year Canada Child Benefit (CCB) from Canada Revenue Agency (CRA) Notice of Assessment. <b>(Only</b> if you are claiming dependents)

Have you previously received funding from the Post-Secondary Student Support Program

\_\_\_ Yes \_\_\_ No

If yes, what program of studies? \_\_\_\_\_

For what year of studies? \_\_\_\_\_

**EDUCATION HISTORY (Please attach previous transcripts)**

***STUDENT INFORMATION***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Treaty#: \_\_\_\_\_ (10 digit) Social Insurance #: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Student #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Land line #: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact person Phone #: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

**Home community:**

La Ronge \_\_\_ Hall Lake \_\_\_ Sucker River \_\_\_ Stanley Mission \_\_\_  
GMB \_\_\_ Little Red \_\_\_ Other: \_\_\_

**Family Status (Please print)**

Marital Status: Married/Common Law \_\_\_ Single \_\_\_

If married or common law, is your spouse employed: Yes \_\_\_ No \_\_\_

Please list your dependents including your spouse, **only** if you are claiming them.:


**CURRENT PROGRAM OF STUDIES:**

Program/Course of Study: \_\_\_\_\_

Institution: \_\_\_\_\_ Institution Location: \_\_\_\_\_

Length of Program: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Choose one:  **Full Time**  **Part-Time**

**Please Select One:**

- \_\_\_\_\_ Level 1: Certificate/Diploma
- \_\_\_\_\_ Level 2: Undergraduate Degree Program
- \_\_\_\_\_ Level 3: Graduate Degree/Advanced or Professional Degree
- \_\_\_\_\_ Level 4: Doctoral Degrees

**For Semester:**

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Fall/Winter \_\_\_\_\_  
Intersession \_\_\_\_\_ Summer \_\_\_\_\_ Intersession/Summer \_\_\_\_\_

**\*\* Funding for Intersession and/or Summer sessions may only be applied for if the program requires that the classes be taken during that time\*\***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## POST-SECONDARY EDUCATION

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### Release of Information

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Student Full Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Student Program of Study: \_\_\_\_\_

Institute location: \_\_\_\_\_

For this Academic Year

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### TO WHOM IT MAY CONCERN;

By providing you with this RELEASE OF INFORMATION LETTER

I, \_\_\_\_\_ hereby authorize you to release any information in connection with my academic programming with your organization to the Lac La Ronge Indian Band Post-Secondary Education Office.

All requested information can be sent to:

**LLRIB Post-Secondary Education Office**

Box 399

Air Ronge SK S0J 3G0

**Fax: 306-425-3030**

E-Mail: [postsecondary@llribedu.ca](mailto:postsecondary@llribedu.ca)

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

*Student Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_



# POST-SECONDARY EDUCATION



## POST-SECONDARY EDUCATION

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### *Statement of Spousal Financial Responsibility*

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I, \_\_\_\_\_ (Please print name of spouse) certify that I am a fully dependent spouse of \_\_\_\_\_ (Please print name of student).

I am not receiving income from any other source.

I am not working full-time.

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Social Insurance Number

\_\_\_\_\_  
Treaty Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***\* Please include a copy of the Revenue Canada Assessment for spousal eligibility.\****

***\* Spouse must be identified as a dependent \****



# POST-SECONDARY EDUCATION

## Student Contract

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STUDENT NAME:

DATE OF BIRTH:

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INSTITUTE:

DATE:

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INSTITUTE LOCATION:

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COURSE OF STUDY:

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I understand the following conditions apply to my sponsorship by the Lac La Ronge Indian Band for post-secondary studies;

1. I will accept the responsibility to adhere to the Post-Secondary Institution regulations and meet the standards required by the school for continuation in my course of studies.
2. I agree to attend classes regularly.
3. I agree to consult with the counsellor of my program if any problems arise academically, emotionally, physically and financially.
4. I agree to provide my marks and reports on a semester by semester basis to the Post-Secondary Student Support Program office.
5. I understand that it is a serious matter to provide false information. I agree to report any changes to my student and/or program status promptly.
6. I understand that if I do not successfully complete 50% of my previous academic semester or have been required to discontinue (RTD) by my program, I must wait for one academic year (probation period) to reapply for PSSSP Assistance.
7. I understand that I have a right to appeal any decision made with respect to my application for sponsorship in accordance with Post-Secondary Support Program policies.
8. **I have received and understand the LLRIB Post-Secondary Student Support Program Handbook and I will abide by the rules.**

I hereby agree and understand the terms/conditions for financial assistance that I have read above.

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Student Signature

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Date

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Witness

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Date



# POST-SECONDARY EDUCATION

## RECEIVED

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Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

FAX

Mail

E-Mailed

Other: \_\_\_\_\_