

POST-SECONDARY FINANCIAL ASSISTANCE

The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection Privacy Act to determine eligibility for financial assistance for post-secondary studies. Information collected from application forms are kept in confidence. Questions regarding the collection, use of disclosure of this information should be addressed to Aseniwuche Winewak Nation of Canada, Box 1808, 10020 99 St., Grande Cache, AB TOE 0YO, (780)-827-5510. If you have any changes in personal and contact information, please notify us as soon as possible to update our records.

SECTION ONE - APPLICAN	T CONTACT INFORMAT	ION		
Full name:				
Mailing address:				
Physical address:				
Phone:		Email:		
SECTION TWO - POST-SEC	ONDARY STUDIES INFO	ORMATION		
Name of post-secondary institution:		_		
City:	Province	:	Country:	
Type of program: Certificate or diploma Graduate degree Start date:				
Apprenticeship Undergraduate degree	Professional design	nation	Expected date of completion:	
Length of program:	Current year of study:		Is this your final	year?
1 year 3 years 2 years 4 years	☐ 1 st year ☐ 2 nd year	3 rd year 4 th year	☐ Yes ☐ No	
Name of certificate/diplomaintending to complete:	a/degree/designation		'	
Full-time studies	Method of delivery:			
Part-time studies	☐ In-person		Online/distance ed	lucation



SECTION THREE – SOURCES OF INCOME	
Personal annual income	\$
Spouse/partner annual income	\$
Assistance from parents/legal guardian/family	\$
First Nations/Métis funding	\$
Child support/alimony	\$
Other:	\$
Other:	\$
TOTAL	\$

TOTAL	\$
Other:	\$
Other:	\$
Debt (minimum credit card, line of credit, loan repayment)	\$
Childcare	\$
Transportation (car payment, gas, insurance, public transportation)	\$
Clothing	\$
Food	\$
Personal bills (phone, Internet)	\$
Utilities (electricity, water)	\$
Rent/mortgage	\$
SECTION FOUR - MONTHLY PERSONAL EX	(PENSES



SECTION FIVE - OTHER SO	LIDCES OF FUNDING	c		
Student loan(s)	\$	S	Applied Approved	☐ Denied ☐ Waiting
RESP(s)	\$		Applied Approved	☐ Denied ☐ Waiting
Grants, scholarships or bursaries	\$		Applied Approved	☐ Denied ☐ Waiting
Support from Indigenous, First Nations or Métis programs	\$		Applied Approved	☐ Denied☐ Waiting
SECTION SIX – SCHOOL EX	(PENSES FOR CURR		DY	
Tuition and fees		\$		
Textbooks		\$		
Supplies (ex. Laptop, applicable equipment)		\$		
Living expenses (if living on campus or at a temporary address for school purposes)		\$		
	TOTAL	\$		
SECTION SEVEN - APPLICATION CHECKLIST Please ensure you have included all the items on the below checklist with your completed application form.				
 □ Completed Post-Secondary Financial Assistance application □ Proof of enrollment (ex. Acceptance letter, tuition invoice or receipts for current year of study) □ Official or unofficial transcript from most recent term or year of study □ Personal letter □ Reference letter 				



Personal Letter

- Minimum 350 words, maximum 750
- Why you are applying for financial assistance
- Why you are interested in your selected field of study
- Your future academic and professional goals
- Why education is important to you, your family and/or Indigenous communities

Reference Letter

- Minimum 1 letter, maximum 3
- Letter from a community leader, teacher, supervisor, volunteer associations or other acceptable individual or organization highlighting your experience, achievements, participation in the community or in school over the last 12 months

ı	(print name):
•	 (print name).

- Certify that all information contained on this application is true and correct. I understand
 that any false statements intentionally provided on this application or provided to AWN by
 me, will disqualify my application and will affect my ability to access future funding.
- Hereby give my consent to AWN to share my name, phone number, email and postsecondary information with affiliated partners offering educational assistance to Aseniwuche Winewak Nation members. (AWN will **not** share financial need details with these parties.)
- Hereby give my consent to AWN to use, publish my name, photo and academic information on the AWN website, newsletter and related communication channels. (AWN will **not** share financial need details on the aforementioned channels.)
- Understand that if my application package does not include all the required information and documents, it may be deemed ineligible.

Signature		Date	•
FOR OFFICE USE ON	LY		
Date received:		Staff initials:	
Executive Director decision:	Approved Denied	Executive Director signature:	