



# POST SECONDARY STUDENT SUPPORT PROGRAM

KIHEW WACISTON

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Onion Lake, Saskatchewan Fax: (306) 344-2559  
S0M 2E0

## INTERSESSION / SUMMER SESSION APPLICATION

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### PRIVACY ACT STATEMENT

The information you provide on this document is for the purpose of administering post secondary financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT.

1. **NAME:** \_\_\_\_\_  
Surname First Middle Name/Initial(s)

2. **ADDRESS:** \_\_\_\_\_  
Apt. # / Street # / or BOX # (please include your house # if you reside in Onion Lake)  
\_\_\_\_\_  
Town/City Province/State  
\_\_\_\_\_  
Postal/Zip Code

TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

### 3. INSTITUTE & PROGRAM, WHERE FUNDING IS REQUIRED:

\_\_\_\_\_  
Institution/location Program of study Year of Study

\_\_\_\_\_  
Length of program Months/Years Start date and end date of required class

\_\_\_\_\_  
Tuition cost Book cost



Completion of student release forms is **COMPULSORY** in order for application to be considered for continued post-secondary education funding.

**STUDENT'S RELEASE OF AUTHORIZATION: STUDENT'S FILE COPY**

I hereby authorize that all information concerning my academics, attendance, and class registration may be released upon request to the ONION LAKE FIRST NATION Post Secondary Program.

STUDENT'S NAME (please print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

**STUDENT'S RELEASE OF AUTHORIZATION: INSTITUTE'S FILE COPY**

I hereby authorize that all information concerning my academics and attendance, and class registration may be released upon request to the ONION LAKE FIRST NATION Post Secondary Program.

STUDENT'S NAME (please print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_