



# Frog Lake First Nations

Post-Secondary Funding Application Form

2025/2026 Academic Year

## **Frog Lake Post-Secondary Sponsorship Package**

**Frog Lake Education Authority  
General Delivery  
Frog Lake, Alberta  
T0A 1M0  
780-943-3912**

Post-Secondary Manager: Mr. Tanner Stanley, [tanner.stanley@flea6.ca](mailto:tanner.stanley@flea6.ca)

(Last Updated: February 13, 2025)

### **Privacy Act Statement**

The information you provide on this document is for the purpose of resource and administering Post-Secondary student financial assistance. Personal information that you provide is protected under the provisions of the Privacy Act

## APPLICATION PROCEDURES & REQUIREMENTS

Frog Lake First Nations currently utilizes a one intake per Academic Year model. The deadline for funding applications is May 16th, 2025 @3:00PM. Applicants are requested to apply early.

Application form **MUST** include the following:

Part 1: All **NEW** applicants shall provide **ALL** of the following information

1. FLFNs Post-Secondary application with all fields filled out;
2. Most recent transcripts;
3. Acceptance letter from University or College;
4. Program description;
5. Copy of Identification (Treaty Card, Drivers, Passport etc.);
6. Social Insurance Number;
7. Two letters of reference (immediate family members excluded);
8. Cost of studies (Tuition, Books/Supplies, Student and Mandatory fees, specialized equipment, tools, and materials that will be required for the institution's academic year;
9. New Applicants are required to submit a one-page essay on career plan; and
10. Banking Information (must have own bank account) preferably e-transfer; &
11. Verification of Income and Employment during sponsorship

***Note:** Tuition deposits and/or application fees shall remain the responsibility of a new applicant and will **not** be reimbursed if he/she/they has not been selected for post-secondary sponsorship.*

Part 2: A **CONTINUING** student shall provide the following documents on a yearly basis

1. FLFNs Post-Secondary application with all fields filled out;
2. Most recent transcripts;
3. Confirmation of registration or acceptance letter from a Post-Secondary institution;
4. Course schedule;
5. Fee Assessment from Post-Secondary institution; and
6. Verification of Income and Employment during sponsorship

\*Applications for a continuing student must be submitted yearly, by appropriate deadline date; sponsorship will be dependent on academic performance.

\*Applicants must ensure that all documents are properly completed, accurate, and submitted before the deadline date.

\*All applications submitted after the deadline date will not be accepted. No adjustments will be made to the budget after the applications have been approved for funding.

**FORM 1 FUNDING APPLICATION**

**1. PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Surname First Initial

Treaty Number: \_\_\_\_\_ D.O.B \_\_\_\_\_  
(10 Digit Number) MM / DD / YYYY

Social Insurance Number: \_\_\_\_\_

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

APT. # / Street / P.O. Box #

Town / City / First Nation

Province

Postal Code

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**FORM 2 FAMILY INFORMATION**

Marital Status:

- Single
- Single Parent
- Common-Law
- Married

Spouse Name: \_\_\_\_\_

Is your spouse a student?       Yes                       No

Is your spouse employed?       Yes                       No

**DEPENDANTS:**

<b>Name</b>	<b>D.O.B</b>	<b>Relationship</b>	<b>Place of Residence</b>

**\*IF YOUR MARITAL STATUS HAS CHANGED RECENTLY, PLEASE COMPLETE FORM 2**

## 2. INSTITUTION AND PROGRAM CHOICE

Attendance:

- Full Time
- Part Time

*Note: Please check all applicable terms that you are requesting sponsorship for*

- Fall
- Winter
- Spring
- Summer

Institution Name: \_\_\_\_\_

Program or Course of Study: \_\_\_\_\_

Length of Program or Course of Study: \_\_\_\_\_

Original Program Start Date: \_\_\_\_\_

Expected Program End Date: \_\_\_\_\_

Current Year of Study: \_\_\_\_\_

Has Your Application with The Institution Been Accepted?  Yes  No

Conditional?  Yes  No

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

### 3. EDUCATION AND TRAINING HISTORY

School/ Training	Name	Location	Funding Source	Completed		Year Completed	Certificate or Diploma Received
				Yes	No		
High School							
Adult Upgrading							
Community College							
Technical Institute							
Private							
University							
Other (Specify)							

Have You Ever Been Required to Discontinue a Program?       Yes       No

Name of Program:\_\_\_\_\_ Year\_\_\_\_\_

State the Reasons for the Suspension (Academic Performance / Attendance / Etc):

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Have You Ever Withdrawn from a Program?       Yes       No

Name of Program:\_\_\_\_\_ Year:\_\_\_\_\_

State The Reasons for The Withdrawal (Institution Request / Health Reasons / Personal):

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**FORM 3      STUDENT RESPONSIBILITY CONTRACT**

I understand and agree to abide by the following conditions for sponsorship by the Frog Lake First Nations Post-Secondary Student Support Program:

1. I will accept the responsibility to adhere to the school regulations and meet the standards required by the school for continuation in my course of studies.
2. I will be enrolled in a minimum of three (3) classes per semester as a full time student and maintain a 65% overall average
3. I understand as a part time student that I will be required to maintain a 65% overall average
4. I agree to attend all classes regularly
5. I agree to consult with Frog Lake First Nations if any problems arise academically, emotionally, physically, and financially

6. I agree to provide my marks and reports on a semester basis to FLFN Post-Secondary Student Support Program upon request
7. I agree to report any changes to my student and/or program status promptly; I understand that it is a **very serious matter to provide false information**
8. I authorize Frog Lake First Nations Post-Secondary Student Support Program to obtain information from persons, organizations, or agencies to determine and/or verify my eligibility for benefits or services under the Post-Secondary Student Support Program and I authorize the education institution I attend to release all attendance records and marks to Frog Lake First Nations Student Support Program upon request
9. I declare that all the information provided is true, correct and complete and I make this solemn declaration believing it to be true and knowing that it is of the same force and effects as if made under oath
10. I understand that I have the right to appeal any decision made with respect to my application for sponsorship
11. If I drop classes I must seek approval in writing from the Frog Lake First Nations Post-Secondary Student Support Program. I understand that Frog Lake First Nations may not be responsible for tuition and dropped class fees
12. If I drop or I am required to discontinue I must wait two (2) academic years before I may be eligible for consideration of Post-Secondary funding
13. I understand that there will be **no advances.** (Unless an act of god occurs) I am expected to manage my finances in line with monthly allowances

**I hereby agree to the terms and conditions for financial assistance that I have read above**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Do you require a living allowance?       Yes       No



**FORM 4 DIRECT DEPOSIT INFORMATION**

Name of Bank Institute: \_\_\_\_\_

Address: \_\_\_\_\_

APT. # / Street / P.O. Box #

\_\_\_\_\_  
Town / City / First Nation

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

Transit Number: \_\_\_\_\_

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

Account: \_\_\_\_\_

Type of Account:            Chequing                            Saving

**\*\*PLEASE ENSURE THAT ALL THE INFORMATION THAT YOU HAVE PROVIDED IS ACCURATE FOR A SAVINGS ACCOUNT AND PROVIDE THE POST-SECONDARY DEPARTMENT A COPY OF A \*VOID CHEQUE\* FOR CHEQUING ACCOUNTS TO BE KEPT ON STUDENT'S FILES\*\***

I hereby authorize the Frog Lake First Nations Post-Secondary Department to directly deposit my student living allowance into the account noted above

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

\_\_\_\_\_  
Date

**FORM 5 VERIFICATION OF INCOME AND EMPLOYMENT**

*\* Please fill out this form if you are going to be employed during sponsorship.*

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Expected Type During Sponsorship:

Full-Time

Part-Time

Expected hours per week: \_\_\_\_\_

Expected Pay: \$ \_\_\_\_\_

Hourly

Salary

Additional Terms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORM 6 AUTHORIZATION RELEASE FORM**

Completion of student release forms in MANDATORY in order for the application to be considered for Post-Secondary Education funding. Failing to do so may result in your application being put on hold until all necessary information is completed and submitted.

**STUDENT RELEASE OF AUTHORIZATION: STUDENTS FILE COPY**

I hereby authorize that all information concerning my academics, attendance, and class registration may be released to the Frog Lake Post-Secondary Department

Students Name (Please Print): \_\_\_\_\_

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

Date: \_\_\_\_\_ Student # (School ID): \_\_\_\_\_

Institution (Name of College / University): \_\_\_\_\_

**STUDENTS RELEASE OF AUTHORIZATION: INSTITUTES FILE COPY**

I hereby authorize that all information concerning my academics, attendance, and class registration may be released to the Frog Lake Post-Secondary Department

Students Name (Please Print): \_\_\_\_\_

Students Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Student # (School ID): \_\_\_\_\_

Institution (Name of College / University): \_\_\_\_\_

**Upon completion of the application form, please go through the following checklist.**

**New Applicant Checklist:**

- All fields in application must be filled out
- Most recent transcripts
- Acceptance letter from University or College
- Program description
- Copy of Identification
- Social Insurance Number
- Two letters of reference
- Cost of studies/Fee Assessment
- One page essay on career goals
- Bank information & Void check

**Continuing Application Checklist**

- All fields in application must be filled out
- Social Insurance Number
- Confirmation of registration
- Transcripts from previous year
- Course schedule
- Cost of Studies/Fee assessment

Once you have gone through the checklist, please submit all documents to the FLFN Post-Secondary Program via email or in-person.

Email: tanner.stanley@fleat6.ca

In person at: Frog Lake Education Authority Administration Office  
*\*Please call (780)943-3912 for directions*

*\* Please note, the application may be denied should the applicant not provide all the necessary information.*

*\* Deadline to submit the application is Friday, May 16, 2025 @3:00 PM*

*\* All applicants will be notified of their sponsorship status no later than June 27, 2025.*