



Opaskwayak Educational Authority Inc.

P.O. Box I0370
Opaskwayak, MB R0B 2J0
Telephone: (204) 623-7431
Fax: (204) 623-2870
Toll Free: 1-800-661-7981

(Sponsorship for September 2006)

POST-SECONDARY PROGRAM

DATE
RECEIVED: _____

ALL APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING:

- 1. COPY OF LATEST TRANSCRIPT
- 2. COPY OF TREATY CARD
- 3. LETTER OF ACCEPTANCE
- 4. PROOF OF RESIDENCE
- 5. SIGNED CONSENT FORM

Application Deadline: Friday, June 30TH, 2006

Application Form for New Students

SECTION I. PERSONAL

Full Name: _____ Treaty #: _____
(Surname) (First) (Middle Initial)

Gained Status On: _____ or N/A

Birth Date: _____ Social Insurance Number: _____

Bank: _____ Transit #: _____ Account #: _____

Permanent Address:

Re-Location Address:

Telephone #: _____

Telephone #: _____

On Reserve: Yes { } No { }

E-Mail: _____

SECTION 6. DECLARATION

I hereby undertake the following as conditions for sponsorship by the O.E.A. Inc. of

Opaskwayak Cree Nation for the duration of my program of studies:

1. To attend classes on regular basis;
2. To consult with my counsellor if any problems arise academically, emotionally, physically or financially.
3. To adhere to school regulations and meet the academic requirements for continuation for my program of studies;
4. To provide my transcript of marks and report to O.E.A Inc. upon completion of each semester;
5. To adhere to sponsorship rules and regulations stated in the Post-Secondary Program Handbook;
6. To consult with my counsellor of any changes of residence, dependents, etc.
7. I declare that the information provided by me on the application form is complete and correct and is given in order to substantiate my entitlement for sponsorship;
8. I, _____, authorize O.E.A. Inc. to obtain any information required to determine my and/or dependent(s) eligibility for sponsorship;
9. I hereby authorize the release of my mid-term/final marks, progress reports and attendance records;
10. I hereby give permission to Opaskwayak Educational Authority Inc. to verify or confirm with any source the correctness and accuracy of the information contained in this application.

SIGNATURE: _____

DATE: _____ WITNESS: _____

AUTHORIZATION TO RELEASE ENROLMENT/ACADEMIC INFORMATION

OPASKWAYAK EDUCATIONAL AUTHORITY INC.,
P.O. BOX 10370,
OPASKWAYAK, MANITOBA
ROB 2J0

PHONE: (204) 623-7431
FAX: (204) 623-2870

ATTENTION: REGISTRAR

University/College: _____

The enrolment/academic record is requested for the student listed below
for the 2006/2007 academic years.

The undersigned authorize the _____

to release their academic records to the above-noted sponsor.

NAME(Last Name)

(First Name)

(Middle Initial)

STUDENT SIGNATURE: _____

STUDENT NUMBER: _____

DATE: _____

SIGNATURE OF SPONSOR:

POST-SECONDARY COUNSELLOR