

Personal Information – Required

Piikani Membership # 436 _____

Last Name _____ *First Name* _____

Birthdate: _____ Gender: (M) _____ (F) _____
m/d/y

EMAIL ADDRESS _____ *Mailing Address* _____ *City/Town* _____ *Prov.* _____ *Postal Code(Required)* _____

Home Phone: _____ Work: _____ Other: _____
(Please put a current phone number)

Have you applied to Piikani Youth & Education Foundation in the past? Yes _____ No _____

If yes, for what? _____ Date: _____

Post Secondary Information

Adult Upgrading: _____ Trades/Technical: _____ College/University: _____

School Year: _____ Courses/Program: _____

Are you a Full Time Student with the institution: _____

Name of Institution: _____ Address: _____ *Postal Code* _____

Length of Educational Training: _____ Year Registered: 1st _____ 2nd _____ 3rd _____ 4th _____

Identify the Degree, Diploma or Certificate you will receive upon successful completion of the program:

Do you have Post Secondary Funding for the academic year? _____

If yes, for the period (m/d/y): Beginning: _____ Ending: _____
 (Must be currently enrolled as a FULL TIME STUDENT with institution)

Please be sure to include the following documents with your application:

- | | |
|--|---|
| _____ Confirmation of Registration | _____ PYEF Post Secondary Bursaries Application |
| _____ Official Transcripts/High School Transcripts | _____ Reference Letter |
| _____ Education Plan | _____ Letter of Request |
| _____ Copy of Piikani Indian Status | |

Declaration of Applicant

I agree, if approved for financial assistance, to comply with all the policies, rules and regulations of Piikani Youth & Education Foundation. For funding request purposes I will be required to submit proof of participation, transcripts, and other required documents as required. I am also aware that I may be ineligible for future funding should I fail to submit required documentation. I hereby verify that all the information that I have provided on this form is correct to the best on my knowledge and that no relevant information has been withheld. I agree to consent that PYEF may verify the information as provided above with other funding agencies as may be required for statistical purposes and eligibility for financial assistance. **All cheques will be processed within 5-7 days & mailed on your behalf, unless otherwise stated.** *(All Correspondence will be emailed unless otherwise stated)*

Signature of Applicant OR Parent/Legal Guardian

Print Name

Date

FOR OFFICE USE ONLY

APPROVED: YES: _____ NO: _____ APPROVED AMOUNT: \$ _____ MOTION #: _____

DATE PAID: _____ CHEQUE #: _____

DEFERRED: _____ NOT APPROVED: _____ REASON: _____