



Post Secondary Educating Funding Application

Page 1 of 6



Aundeck Omni Kaning		Status Card No.:	
Name as appears on Status Card:		Date of Birth: M/D/Y	
Primary Address		Address during school (if different)	
City:		City:	
Postal Code:		Postal Code:	
Home Telephone:		Cellular Number:	
Email:		Other	

Educational Institution:							
Program of Study:							
Level of Program:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Certificate</td> <td style="width: 50%;">Diploma</td> </tr> <tr> <td>Degree</td> <td>Master's</td> </tr> <tr> <td>PhD</td> <td></td> </tr> </table>	Certificate	Diploma	Degree	Master's	PhD	
Certificate	Diploma						
Degree	Master's						
PhD							
What semester will you be starting this sponsorship application with: (ex. 3 rd of 8)							
Attach Program Syllabus (website address)							

Spring 2024	May	June											
Summer 2024			July	Aug									
Fall 2024					Sept	Oct	Nov	Dec					
Winter 2025									Jan	Feb	Mar	Apr	

To be consistent with the program syllabus and education plan. Sponsorship changes between semester(s) requested and syllabus and education plan must be approved by the AOKFN Educational Department/Committee

Type of Sponsorship	Full Time	Part Time
**As per approved levels and limits the AOK Post Secondary Education (PSE)		

Full Time	Monthly Living Allowance	Residence	Tuition	Book Allowance	Travel Allowance
Part Time	NA	NA	Tuition	Book Allowance	Travel Allowance

Expected graduation month and year	
------------------------------------	--

Post Secondary Educating Fund Application

Page 2 of 6



Applicant Name:

1. What high school did you graduate from:
2. What year did you graduate high school:
3. What Post Secondary Programs have taken since high school graduation:
(please fill in the table)

Post Secondary Institution	Program of Study	Start Date / End Date	Did you graduate?

4. What are the courses you plan on taking for the 2024-2025 semester(s)?

Semester	Course Name	Course Length 1 or 2 semesters
SPRING 2024 - May/June		
SUMMER 2024 - July/August		
FALL 2024 - Sept/Oct/Nov/Dec		
WINTER 2025 - Jan/Feb/Mar/April		
Spring 2025 - May/June		

Post Secondary Educating Fund Application

Page 3 of 6



Consent to obtain, release and or exchange information with the Educational Institution

Date:

To:

(College or University)

Re: Requests regarding student information

From:

(Student Name and Student ID Number)

Program of Study:

I, _____ am an applicant for the 2024/2025 AOKFN PS sponsored student. (Name as it shows on your status card).

If sponsored as applied. I hereby authorize the above name college or university to release information to Aundeck Omni Kuning First Nation, as it pertains to tuition, and/or Residence fees, grades, transcripts, student supports, attendance while I attend the above educational institution.

I understand this information can be used to confirm eligibility for compliance with AOKFN PS sponsorship.

Student Signature:

Post Secondary Educating Fund Application

Page 4 of 6



Consent to obtain, release and or exchange information with SELECTED FAMILY AND FRIENDS

Date:

To: Aundeck Omni Kaning First Nation

Re: Requests regarding student information

From:

(Student name as it appears on status card)

I, _____ am an applicant for the 2024/2025 AOKFN PS sponsored student. (Name as it shows on your status card).

If sponsored as applied. I hereby authorize the above name college or university to release information to Aundeck Omni Kaning First Nation, as it pertains to tuition, and/or Residence fees, grades, transcripts, student supports, attendance while I attend the above educational institution.

You may discuss me with the following individuals:

I understand this information can be used to assist me with providing AOKFN requested information, improve supports for me, and confirm eligibility for and compliance with AOK PSE sponsorship confirm eligibility for compliance with AOKFN PS sponsorship.

Student Signature:

Post Secondary Educating Fund Application

Page 5 of 6



Consent to obtain, release and or exchange information with other AOKFN PROGRAMS AND SERVICES

Date:

To: Aundeck Omni Kaning First Nation

Re: Requests regarding student information

From:

(Student name as it appears on status card)

I, _____ am an applicant for the 2024/2025 AOKFN PS sponsored student. (Name as it shows on your status card).

If sponsored as applied. I hereby authorize AOKFN Administration and/or Education program staff to discuss my PSE sponsorship with other AOKFN Programs and Services as it may pertain to my eligibility for AOK PSE sponsorship. (AOKFN Membership Department).

Further, if applicable, you are allowed to:

1. Share my name and contact information with prospective employers

YES NO

2. Share my graduate status and program graduated from in AOKFN portion materials and/or on-line publications.

YES NO

Student Signature:

Post Secondary Educating Fund Application

Page 6 of 6



Consent to obtain, release and or exchange information with other AOKFN PROGRAMS AND SERVICES

Date:

To: Aundeck Omni Kaning First Nation

Re: Requests regarding student information

From:

(Student name as it appears on status card)

I am an applicant for the 2024/2025 AKFN Post Secondary Education (PSE) sponsorship.

I agree that the information that I have provided is true and accurate. I understand that not providing accurate and timely information for this application may result in non-sponsorship.

If my AOKFN PSE 2024/2025 application is approved, I agree that I will report and comply with the terms and conditions contained in the said policy.

Student Signature: