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**POST SECONDARY EDUCATION FUNDING APPLICATION - 2026/2027**

*Section 1 of 4*

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**APPLICANT INFORMATION**

<b>Field</b>	<b>Details</b>
Name (as on Status Card)	_____
Status Card Number	_____
Date of Birth (MM/DD/YYYY)	_____

\*\* Please attach copy of Status Card

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**CONTACT INFORMATION**

<b>Field</b>	<b>Details</b>
Primary Address	_____
City	_____
Postal Code	_____
Home Telephone	_____
Cellular Number	_____
Email	_____

**ADDRESS DURING SCHOOL (IF DIFFERENT)**

<b>Field</b>	<b>Details</b>
Address	_____
City	_____
Postal Code	_____



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**POST SECONDARY EDUCATION FUNDING APPLICATION - 2026/2027**

*Section 1 - Continued*

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**EDUCATION INFORMATION**

<b>Field</b>	<b>Details</b>
Educational Institution	_____
Program of Study	_____

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**LEVEL OF PROGRAM (Select one)**

- Certificate     Diploma     Degree     Master's     PhD
- 

**STUDY PERIOD (Select applicable start month)**

**Academic Year: 2026/2027**

<b>Term</b>	<b>Months</b>
Spring 2026	<input type="checkbox"/> May/26 <input type="checkbox"/> June/26
Summer 2026	<input type="checkbox"/> July/26 <input type="checkbox"/> August/26
Fall 2026	<input type="checkbox"/> Sept/26 <input type="checkbox"/> Oct/26 <input type="checkbox"/> Nov/26 <input type="checkbox"/> Dec/26
Winter 2027	<input type="checkbox"/> Jan/27 <input type="checkbox"/> Feb/27 <input type="checkbox"/> Mar/27 <input type="checkbox"/> Apr/27

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**PROGRAM DETAILS**

Program Syllabus (website link):

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**POST SECONDARY EDUCATION FUNDING APPLICATION – 2026/2027**

*Section 1 - Continued*

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**TYPE OF SPONSORSHIP**

Full-Time       Part-Time

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**FUNDING COVERAGE**

<b>Full-Time</b>	Monthly Living Allowance	Residence	Tuition	Book Allowance	Travel Allowance
<b>Part-Time</b>	N/A	N/A	Tuition	Book Allowance	Travel Allowance

\*\* As per approved levels and limits with AOKFN Post Secondary Education (PSE)

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**EXPECTED GRADUATION**

| Month / Year | \_\_\_\_\_

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**FUNDING**

**Please indicate if this is your first time utilizing AOKFN Post Secondary Education funding. If not, please check and fill in below, where applicable...**

- First time utilizing AOKFN Post Secondary Education Funding
- I have utilized AOKFN Post Secondary Education Funding





**POST SECONDARY EDUCATION FUNDING APPLICATION – 2026/2027**

*Section 2 of 4*

Applicant Name: \_\_\_\_\_

1. What High School did you graduate from: \_\_\_\_\_

2. What year did you graduate High School: \_\_\_\_\_

3. What are the courses you plan on taking for the 2026 – 2027 semester(s)?

Semester	Course Name	Course Length 1 or 2 semesters
Spring 2026 – May/June		
Summer 2026 – July/August		
Fall 2026 – Sept/Oct/Nov/Dec		
Winter 2027 – Jan/Feb/Mar/April		
Spring 2027 – May/June		
Summer 2027 – July/August		



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**POST SECONDARY EDUCATION FUNDING APPLICATION – 2026/2027**

*Section 3 of 4*

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

Date: \_\_\_\_\_

To: \_\_\_\_\_

(College or University)

Re: Request regarding student information

From: \_\_\_\_\_

(Student Name and Student ID Number)

Program of Study:

I, \_\_\_\_\_ am an applicant for the 2026/2027 AOKFN PS sponsored student.  
(Name as on status card).

If sponsored as applied. I hereby authorize the above name college or university to release information to Aundeck Omni Kaning First Nation for any of the following while attending the above educational institution.

- Tuition
- Residence Fees
- Grades/Transcripts
- Student Supports
- Attendance

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

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



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**POST SECONDARY EDUCATION FUNDING APPLICATION – 2026/2027**

*Section 4 of 4*

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**Terms and Conditions**

**Date:** \_\_\_\_\_

**To:** Aundeck Omni Kaning First Nation

**Re:** Terms and Conditions

**From:** \_\_\_\_\_  
(Student name as it appears on status card)

I am an applicant for the 2026/2027 AOKFN 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 2026/2027 application is approved, I agree that I will report and comply with the terms and conditions contained in the said policy.

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