

**Samson Education Trust Fund
Post Secondary/Technical & Trades
Programs/Scholarships/Certification Programs**

Application for Incentive Program



APPLICATION DEADLINES

START DATE	TERM	DEADLINE TO APPLY
September Start Date	FALL	June 15 th
January Start Date	WINTER	November 15 th
May Start Date	SPRING	March 15 th
July Start Date	SUMMER	March 15 th

NAME: _____
(Please Print)

Samson Education Trust Fund
Box 658
HOBBEMA, Alberta
T0C 1N0
Tel: (780) 585-2211 or (780) 585-2232
Toll Free: 1-800-843-7359
Fax: (780) 585-3857
Website: www.scnea.com
Email address: louiseomeasoo@scnea.com

You must provide the following information with your application:

- _____ Most recent transcripts. Please provide marks (transcripts) for the last year you attended.
- _____ Letter of Acceptance or Conditional Acceptance from the recognized educational institution.
- _____ Course Outline (showing courses you are taking each semester).
- _____ You have signed the attached Release of Information form.
- _____ Letter stating tuition and books will / are being paid for. **SETF does not pay for tuition and books.**
- _____ **Signed declaration and sponsorship contract.**

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Are you a new student? Yes
No

Are you re-applying? Yes
No

APPLYING FOR: Academic Year _____

_____ FALL (September Start) _____ WINTER (January Start)
_____ SPRING (May & June) _____ SUMMER (July & August)

STUDENT INFORMATION:

Name _____
Address _____

Band No _____ Date of Birth _____
Telephone _____ Other Contact _____

Have you received SETF Incentives Before? _____ Yes _____ No

If Yes, in what year: _____

Did you complete your last year of your program? _____ Yes _____ No

PROGRAM INFORMATION:

Name of Program _____

Name of School _____

Location / Address _____

First Day of School _____

Last Day of School _____

How Long is Your Program _____

What Year Are You In _____

Targeted Graduation Date _____

Please circle the number of courses you are registered in:

Term 1: 1 2 3 4 5 5+ (please circle)

Term 2: 1 2 3 4 5 5+ (please circle)

BANKING INFORMATION:

Please note that personal pick up of cheques will be discontinued. The Samson Education Trust Fund will implement direct deposit of monthly incentives effective September 2010. Your incentive will automatically be deposited to your bank account each month.

Please provide the following banking information:

Bank / Trust Name _____
Account Number _____
Branch Number _____
Transit Number _____
_____ Void Cheque is attached.

Email: _____@_____.

If for any reason we are not able to deposit your incentive to your account due to incorrect information, missing information, branch / transit information missing, etc., you must provide correct information for deposit on the next business day.

I _____ do hereby certify that the above information is accurate and correct. I will notify the Samson Education Trust Fund Coordinator in the event that my plans change for attendance for the academic year/semester(s) applied for.

Signature

Date

For Office Use Only	
Application Approved:	____ Yes ____ No
If No, reason why:	_____ _____ _____
Additional Notes:	_____ _____
_____ SETF Coordinator's Signature	_____ Date

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Authorization for Release of Information

I, _____, **HAVE READ** and do hereby authorize:

(insert name of school / institution)

to release to the Samson Education Trust Fund Incentive Program whatever information they may require concerning me. The information to which the Samson Education Trust Fund Incentive Program is authorized to obtain includes, but is not limited to the following:

- Official transcripts of grades.
- Details as to my course of study including specific courses taken and class schedule.
- Copies of any notices, advice or direction regarding my ongoing status as a student including attendance reports.
- Information in respect to per capita or special payments to minor children or myself from the Samson Cree Nation.
- Information in respect to special assistance payments (if any) to minor children or myself from the Samson Cree Nation Administration or government agency.
- Any information deemed pertinent to my application to the Samson Education Trust Fund Incentive Program.

I do hereby agree to notify SETF office in the event:

- that I withdraw from the educational institution I am currently attending;
- that I fail to attend classes for more than five (5) consecutive days.

I trust that this is an irrevocable consent, which the Samson Education Trust fund may present from time to time. This consent may not be withdrawn from me for so long as I am receiving sponsorship from the Samson Education Trust Fund. I have read and understand the Samson Education Trust Fund Policy and agree to follow the procedures contained therein. I further understand that in the event I receive any funds from the Samson Education Trust Fund for which I am not entitled to, I agree to reimburse in full said funds and hereby certify that all information in this application is true.

Student's Signature

Date

STUDENT DECLARATION AND SPONSORSHIP CONTRACT

I do hereby agree to notify the SETF Office in the event:

- that I withdraw from a course or program from the educational institution that I am currently attending.
- (1) I have read and understand the SETF Student Handbook Policy and agree to follow the guidelines contained therein.
 - (2) I further understand that in the even I receive any funds from the SETF Incentive programs for which I am not entitled to, I agree to reimburse said funds in full.
 - (3) I hereby certify that all information in this application form is true.
 - (4) I trust that this is an irrevocable consent which the SETF Programs may present from time to time.
 - (5) This consent may not be withdrawn from me so long as I am receiving sponsorship from the SETF Incentive Programs.

Student's Signature

Date: