



**OPASKWAYAK EDUCATIONAL AUTHORITY INC.**

P. O. Box 10370, Opaskwayak, MB R0B 2J0

Post-Secondary Program: (204) 627-7472

Marlene G. Head, Post-Secondary (204) 620-1602

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## Application for Post-Secondary Assistance for New Students

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

Applicant's Name: \_\_\_\_\_

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Application Deadline: **May 31<sup>st</sup> - 4:30 p.m. MB time for Fall/Winter Intake (no faxes accepted)**

Applications **MUST INCLUDE** the following:

<input type="checkbox"/> <b><u>Copy</u></b> of latest transcript;
<input type="checkbox"/> <b><u>Copy</u></b> of treaty card;
<input type="checkbox"/> <b><u>Copy</u></b> of Social Insurance Number;
<input type="checkbox"/> Acceptance Letter from Post-Secondary Institution;
<input type="checkbox"/> Banking Information
<input type="checkbox"/> <b><u>Copy</u></b> of Child Abuse Registry and Criminal Records Checks (if applicable);
<input type="checkbox"/> Verification of Dependents, Including Spouse (if applicable) – Child Tax Info

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**SECTION 1. PERSONAL**

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**Full Name:** \_\_\_\_\_ **Treaty#:** \_\_\_\_\_  
(Surname) (First Name) (Middle Initial) (10-digit)

**Birth Date (y,m,d):** \_\_\_\_\_ **Social Insurance Number:** \_\_\_\_\_

**For Emergency, Contact Name and Telephone #:** \_\_\_\_\_

<b>Permanent Address (including postal code):</b>	<b>Re-Location Address (including postal code):</b>

**Land Line/Cellular #'s:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Social Media (Facebook):** \_\_\_\_\_

**Are you a child in care? ( ) Yes ( ) No**

<b>Name of Social Worker</b>	<b>Contact Information</b>	<b>Agency</b>

**Are you eligible for Employment Insurance Benefits? ( ) Yes ( ) No**  
**If yes, what assistance are you requesting through Post-Secondary Program?**

**Allowances, tuition, and/or books:** \_\_\_\_\_

**SECTION 2. FAMILY INFORMATION**

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**Single:** \_\_\_\_ **Married:** \_\_\_\_ **Common-law:** \_\_\_\_

**Name of Spouse:** \_\_\_\_\_

**Length of Relationship:** \_\_\_\_\_ **Birth Date (y/m/d):** \_\_\_\_\_

**Is spouse employed:** Yes  No

**Part-time**  **Full-time**

**If yes, what is his/her monthly income:** \_\_\_\_\_

Dependent(s) 17 & Under Residing with Student	Birth Date (y,m,d)

**SECTION 3. ACADEMIC BACKGROUND**

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**Secondary Education (up to Grade 12): Did you complete or will you complete Grade 12 this year? Yes  No**

If no, what grade did you complete? \_\_\_\_\_

If yes, complete the following:

High School or Mature Diploma	Name of School	Grade Completed	Year

**Post-Secondary Education (Programs after High School): Did you complete any post-secondary programs? Yes  No  If yes, please complete the following:**

Post-Secondary Institution Attended	Program of Studies	Completion of Program	Year
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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## **SECTION 6. CONDITIONS FOR SPONSORSHIP**

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I hereby agree to the following conditions for sponsorship for the duration of my program of studies:

- To attend classes on regular basis;
- To be punctual for each class;
- To consult with my Counsellor on any challenges I may be experiencing (academically, emotionally, financially, etc.);
- To adhere to post-secondary institution rules and regulations (including deadlines, withdrawal forms, etc.);
- To meet the academic requirements for each term for continuation of sponsorship of my program of study;
- To provide marks or transcripts when requested;
- To contact my Counsellor on a monthly basis (telephone, email, Facebook, etc.) including completing the “monthly student update form”;
- To read and become familiar with the rules and regulations of the Post-Secondary Handbook;
- To inform my Counsellor if there are any changes to my demographics such as residence, dependents, banking information, telephone number, etc. and complete and forward to my Counsellor the “change of status form”;
- To conduct myself in a professional manner, including acceptable and positive social media (Facebook, Twitter, etc.);
- To declare information provided on the application form is accurate and complete.

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Signature

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Date

## SECTION 7: CONSENT TO RELEASE INFORMATION

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<i>Last Name</i>	<i>First Name</i>
<i>Address (P.O. Box #, Apt/Unit #, Street)</i>	<i>Town/City</i>
<i>Province</i>	<i>Postal Code</i>
<i>Program and Student #</i>	<i>Post-Secondary Institution</i>

I hereby give permission for the release of information concerning my post-secondary program in regards to attendance, marks/grades, tutoring, tuition, required textbooks, supplies, challenges, etc. This permission includes speaking with:

- University/college personnel;
- Parents/Guardians;
- Other; please specify: \_\_\_\_\_

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**Student**

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**Date**