



**Seven Generations Education Institute  
Post Secondary Student Support Program (PSSSP)**

In order to process your application for educational assistance, we require the following information:

- Signed education application form
- An official acceptance letter/offer of admission from your Post Secondary Institute
- Proof of status (photocopy both sides of status card)
- Proof of dependants, if applicable (photocopy of birth certificates)
- Transcripts from previous studies
- Other: \_\_\_\_\_

All documents must be received at our office by:

- **April 1<sup>st</sup>** for Spring/Summer applications (attending May-August)
- **June 1<sup>st</sup>** for Fall/Winter applications (attending September-April)

Should you have any questions, please do not hesitate to contact our office.

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Howard Twance, Director PSSSP - [howardt@7generations.org](mailto:howardt@7generations.org)

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**SEVEN GENERATIONS EDUCATION INSTITUTE**

Post Secondary Student Support Program (PSSSP)  
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**SEVEN GENERATIONS EDUCATION INSTITUTE**  
Post Secondary Student Support Program (PSSSP)

The Post Secondary Student Support Program (PSSSP) objective is to assist registered First Nation members access to post-secondary education and to graduate with the qualifications and skills needed to pursue individual careers and to contribute to the achievement of Aboriginal self-government and economic self-reliance.

The PSSSP provides financial support toward the cost of their post-secondary education to eligible First Nations students. Administration guidelines are available upon request.

**ELIGIBILITY REQUIREMENTS**

- Applicants must be registered as a Status First Nation member
- Student must have lived in Canada for twelve consecutive months prior to the date of application
- Program must be delivered at a registered public post-secondary institution
- Program of studies must have a prerequisite of completion of secondary studies (or equivalent)
- Programs must be at least 8 months in duration, leading to a certificate, diploma, or degree

**STUDENT RESPONSIBILITIES FOR FUNDING**

- Read **ALL** correspondence received from SGEI and return requested information ASAP
- Provide SGEI with an Education Plan
- Be full time as defined by institution in order to receive allowance. Full time university: minimum of 24 credits; full time college: minimum of 66% of program course load. University students are advised to take a minimum of 5 full courses per semester in order to complete studies in allotted timeframe of funding.
- Maintain the minimum grade point average for continuing in your program
- Inform SGEI **BEFORE** making any changes to your education goals (eg. Change of program, drop or pick up courses)
- Provide SGEI with a copy of transcripts for **EACH** semester, or as they become available. (All courses, full time or part time)
- Submit all receipts for books to SGEI (documentation required for consideration of possible supplements)
- Any withdrawal from program for any reason must be done **OFFICIALLY** at institute. Inform SGEI of dates and the reason for withdrawal.

Payments will be suspended on notification from the student or institution that they have withdrawn from their program of studies. Any funding issued to the student after they have withdrawn/suspended for academic reasons must be returned to SGEI before future funding will be considered.

Any misleading information provided by the student may **VOID** the application for educational assistance.

| <b>DEADLINE DATES</b>      |           | <b>DOCUMENTS REQUIRED</b>  |
|----------------------------|-----------|--|
| Spring/Summer Intersession | April 1st | 1. Completed education application form<br>2. An official acceptance/offer of admission to a post-secondary institute  |
| Fall/Winter Applications   | June 1st  | 3. Transcripts from previous studies<br>4. Proof of status<br>5. Proof of dependents (if applicable)<br>6. Any other information requested by SGEI<br><br><b>**Please note:</b> Applications may be cancelled if all documentation is not received by the deadline date. |
| Scholarship Applications   | July 31st | Official transcript from post-secondary institution  |

**SCHOLARSHIPS**

Scholarships are available to students who are registered for one academic year (full time) and who have achieved a G.P.A. of B or higher. In order to apply, students must submit OFFICIAL transcripts before July 31<sup>st</sup> each year.

**Academic Achievement Scholarship – Awarded Annually**

LEVEL I – UCEPP, Community College, & CEGEP certificate or diploma programs; or  
LEVEL II – University undergraduate programs (eg. BA – 3 year, Honour – 4 year)

**Strategic Studies Scholarship – Awarded Annually**

LEVEL II – University undergraduate programs (self-government related studies)

**Incentive Scholarships – Awarded One Time Only During Program**

LEVEL III – Professional degree programs (Masters & Doctoral programs)

**APPLICATION FOR EDUCATIONAL ASSISTANCE**  
**Post Secondary Student Support Program (PSSSP) - Seven Generations Education Institute**

APPLICATION DEADLINE DATES: Spring/Summer (attending May-August) – April 1<sup>st</sup>  
 Fall/Winter (attending September-April) – June 1<sup>st</sup>

**STUDENT INFORMATION**

10-Digit Status Card Number: \_\_\_\_\_ (Proof of status required)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Gender  Male  Female      Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ S.I.N. \_\_\_\_\_  
Month Day Year

Mailing Address: \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Primary Residence:  On Reserve  Off Reserve  Living in Canada for the past 12 months?  Yes  No

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Info \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_ (Proof of dependents required)

**STUDENT EDUCATION PLAN**

Academic Period:  Fall/Winter (September-April)  Spring/Summer (May-August)

Attendance:  Full Time  Part Time

Program Level:  UCEPP  College  Undergraduate  Honours  Masters/Professional  Doctoral

Program/Course: \_\_\_\_\_

Institution: \_\_\_\_\_

Student Number: \_\_\_\_\_

Institutional Acceptance:  New Student  Continuing Student  Conditional Offer

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Year of Study: \_\_\_\_\_ Length of Program: \_\_\_\_\_ years      Date of Graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Do you plan to say in campus residence?  Yes  No

**I have read the PSSSP Student Responsibilities and agree to the conditions for this financial assistance:**

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| ****OFFICE USE ONLY****     |         |          |           |                    |
|-----------------------------|---------|----------|-----------|--------------------|
| Previous Months Used: UCEPP | Level I | Level II | Level III | Allowance Category |
| FISCAL YEAR                 |         |          |           | NOTES              |
| TUITION                     |         |          |           |                    |
| BOOKS AND SUPPLIES          |         |          |           |                    |
| LIVING ALLOWANCE            |         |          |           |                    |
| SEASONAL TRAVEL             |         |          |           |                    |
| OTHER COSTS                 |         |          |           |                    |
| TOTAL                       |         |          |           |                    |
| STUDENT MONTHS              |         |          |           |                    |
| COMMENTS:                   |         |          |           |                    |

SEVEN GENERATIONS COUNSELLOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AUTHORIZATION**

DIRECTOR, PSSSP SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## EDUCATION PLANS/GOALS

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

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Education Completed: \_\_\_\_\_ Year: \_\_\_\_\_

Program Applying for: \_\_\_\_\_

Year of Study (circle one): 1 2 3 4

Length of Program (circle one): 1 2 3 4 5+

Institute: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Expected Results: Certificate: \_\_\_\_\_ Diploma: \_\_\_\_\_ Degree: \_\_\_\_\_

If you are graduating from a college program, do you plan on attending university? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of University: \_\_\_\_\_

Course/Program: \_\_\_\_\_

Long term goal/desired employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: MAKE SURE YOUR EDUCATION GOALS SUIT YOUR EMPLOYMENT GOALS\***