



# Caldwell First Nation

## Post-Secondary Student Support Program Student Acknowledgment

As a recipient of funding through the Caldwell First Nation Post-Secondary Student Support Program (“the Program”), I acknowledge that I have responsibilities and obligations under the Post-Secondary Education Financial Assistance Policy (“the Policy”). I confirm that I have read and understand the Policy in full. I agree that all terms and conditions contained in the Policy, as amended from time to time, form an integral part of this Agreement.

By accepting financial assistance, I agree to comply with the following terms and conditions:

1. **Use of Funds:** I will use the financial assistance awarded to me solely to support my post-secondary education and related professional development.
2. **Attendance:** I will attend all required classes and maintain good attendance in accordance with my institution’s standards.
3. **Academic Participation:** I will arrive on time and complete all required tests, assignments, and examinations for my program of study
4. **Release of Information:** Before receiving any funds, I will submit my institution’s consent form authorizing the release of my academic and account information to the Caldwell First Nation Post-Secondary Education Department (“the Department”)
5. **Semester Reporting Requirements:** I will forward my official grade report/mark transcript to the Department within 21 days of receiving my semester grades, and at any other time reasonably requested by the Department.
6. **Contact Information:** I will keep my contact information (address, telephone number, and email address) current with the Department and notify the Department promptly of any changes.
7. **Program Changes:** Before adding or dropping a course, changing programs, or withdrawing from my institution, I will seek approval from the Post-Secondary Coordinator. I understand that unapproved changes may affect my eligibility for funding
8. **Seeking Support:** I will seek support from my school counsellor, advisor, or student services office if I encounter academic or personal challenges that may impact my studies.
9. **Proof of Completion:** Upon graduation, I will provide the Department with a copy of my certificate, diploma, or degree.
10. **Overpayment and Ineligibility:** I understand that if I receive an overpayment or accept funding that I am not eligible for, I must repay all such funds. I understand that I am not eligible for further financial assistance until overpaid or ineligible amounts are fully repaid. Additionally, I will cooperate fully with the Department in the recovery of any overpaid amounts in accordance with the Policy.

***I have read and agree to the conditions as stated above and acknowledge that failure to comply with the above conditions, will affect my eligibility for further assistance.***

Student Signature

Date

Parent/Guardian Signature  
(if student is under 18 years of age)

Date



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For Office Use Only					
Status Card		Direct Deposit Form		Tuition Statement	
OSSD/GED/ACE		Acceptance Letter		US Bursary Info	
OSSD Transcript		Course Schedule and Fee Statement		Grade Report	
<b>X</b>			<b>X</b>		
Post-Secondary Coordinator's Signature			Date		
<b>Post-Secondary Coordinator's:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>					
Authorization:					
Recommended					
Not Recommended					
<b>X</b>			<b>X</b>		
Post-Secondary Coordinator's Signature			Date		
Authorization:					
Approved					
Not Approved					
<b>X</b>			<b>X</b>		
Authorizing Officer's Signature			Date		
Data Entry Date: _____					