



# Caldwell First Nation

## Post-Secondary Student Support Program

### Student Contract

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As a recipient of the Caldwell First Nation Post-Secondary Student Support Program (PSSSP) I recognize that I have a role and certain responsibilities that are expected of me. I have read or will read the entire Student Assistance Policy and have a thorough understanding of the policy prior to the first day of classes. Furthermore, I agree to the following conditions:

1. The financial assistance awarded to me will be used to the very best ability in gaining my post-secondary education/professional career.
2. I will attend and maintain good attendance to all my classes.
3. I will show up on time and write all tests and examinations for my program of studies.
4. After each semester, I will forward my grade report/mark transcript to the post-secondary office within 21 days of completing a term or when asked to provide my grade report.
5. I am expected to meet with and maintain regular attendance with the Post-Secondary Coordinator. My contact information (address, telephone, and email address) will be updated regularly.
6. Prior to adding or dropping a course, or withdrawing from school I will seek advice and agreement from my Post-Secondary Coordinator.
7. I will seek additional assistance from my school counsellor/advisor/program administrator when facing academic or personal difficulties.
8. Upon graduation I will forward a copy of my certificate, diploma or degree.
9. In an event of an overpayment or accepting funds when I no longer qualify for financial assistance; I forfeit my right to further financial assistance until all funds have been repaid.

***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.***

X

Student Signature

X

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	

X

X

Post-Secondary Coordinator's Signature

Date

Post-Secondary Coordinator's Comments:

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Authorization:

- Recommended
- Not Recommended

X

X

Post-Secondary Coordinator's Signature

Date

Authorization:

- Approved
- Not Approved

X

X

Authorizing Officer

Date



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Data Entry Date: \_\_\_\_\_