

POST SECONDARY STUDENT SUPPORT PROGRAM



STUDENT GOALS

NAME:	
1. What is your area of study?	
2. What is your educational goal?	
3. After graduation, what type of employment will you pursue?	
4. Have you made any changes to your field of study?	<input type="checkbox"/> Yes (Explain): <input type="checkbox"/> No
5. Did you discuss your goals with an educational counsellor?	<input type="checkbox"/> Yes, (Provide Counsellor's Name) <input type="checkbox"/> No
6. Have you researched the availability of employment in your field of study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there employment opportunities in your field of study with your First Nation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will you be returning to your First Nation to seek employment after graduation? (optional information requested by First Nation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. How long you been receiving assistance from the Post-Secondary Student Support Program? Include any time funded in previous years,	
10. How long will it take for you to achieve your educational goals?	
STUDENT SIGNATURE:	
DATE:	

CONSENT FORM

I hereby authorize the Post-Secondary Student Support Program to release any information or documents on file which may be requested from time to time by me or by me designated representative. My designated representative(s) may be a family member, a university official or a friend. I understand that this authorization shall remain in effect until revoked by me in writing.

Student Information	
Last Name:	Indian Registry #:
First and Middle Names:	
Mailing Address:	Telephone#: ()
Postal Code:	Fax#: ()
	E-mail:
Student Designated Representative #1: (Family member, University official or Friend)	
Last Name:	Relationship to student:
First Name:	
Mailing Address:	Telephone#: ()
Postal Code:	Fax#: ()
	E-mail:
Student Designated Representative #2: (Family member, University official or Friend)	
Last Name:	Relationship to student:
First Name:	
Mailing Address:	Telephone#: ()
Postal Code:	Fax#: ()
	E-mail:
Student Signature:	Date: