



PRIVATE HOME PLACEMENT APPLICATION FORM

FOR OFFICE USE ONLY
FILE NO. _____
<input type="checkbox"/> NEW <input type="checkbox"/> RETURNING
DATE OF APPLICATION ____/____/____ M D Y

TO APPLICANT:

Failure to complete your application properly will delay processing of your sponsorship.

- A. Transcripts of marks (school credits) must be attached.
- B. Sections 1, 2, 3, 9, 10, and 12 must be filled out by all.
- C. Section 4 must be completed if student is age 17 or under.

SECTION 1. IDENTIFICATION

Last Name	First	Second	Third
Treaty No.	Band	Birthdate	
		MONTH	DAY
		/	/
		YEAR	

SECTION 2. APPLICATION

I hereby make application for assistance:

To attend:

Name of Educational Institution _____

Address of Institution _____
City/Town
Province

To enroll in:

Course (Grade) _____

From (starting date) _____ To (ending date) _____
M D Y
M D Y

SECTION 3. DECLARATION

I undertake the following as conditions for sponsorship by the Student Services. All information will be held in strict confidence and without prejudice.

1. To attend classes regularly and consistently.
2. To consult with my Home/School Co-ordinator or Counsellor if any problems arise academically, emotionally, physically or financially.
3. To adhere to school regulations and meet the standards required by the school for continuation in my course of studies.
4. To provide my marks and reports to the Student Services upon the request of my Counsellor or Home/School Co-ordinator.
5. To adhere to any rules and regulations as may from time to time be advised to me by the Student Services.

I have read this application for educational assistance and agree to the conditions as outlined in Sections 1, 2 and 3.

DATE: _____ SIGNATURE: _____
M D Y

SECTION 4. AUTHORIZATION OF PARENT OR GUARDIAN (If Student age 17 or under)

I hereby authorize the Manitoba Indian Education Association Inc. to act on my behalf as stated hereunder:

- (a) To arrange educational assistance for my child/ward as noted in section 2 above.
- (b) To grant permission for medical, surgical (including any emergency treatment) or dental treatment which my child/ward may require. This may include any form of examination or tests, immunizations, inoculations, anesthetics, admission to and treatment in hospital. I understand that the need for any of the above will be determined by a competent medical authority.
- (c) To grant permission for my child/ward to travel as required to participate in the program noted above and supervised activities organized for students. (Individual unsupervised travel must be authorized by parents or guardian in writing before it will be permitted.)

This authorization to remain in effect from _____ 20 ____ to _____ 20 ____ or until it has been cancelled in writing by either party or the student is discharged or withdraws from the program.

Date
Signature of Parent or Legal Guardian
Relationship to Child

I hereby certify that the above authorization is understood by the parent or guardian and that I witnessed the signature.

Date
Signature of Witness
Position of Witness

SECTION 5. LEVEL OF SPONSORSHIP

(Please fill in amounts and circle where appropriate)

<p>FOR OFFICE USE ONLY</p> <p>↓</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>A. PHP Regular or B. PHP Honours (B2) or C. PHP Special</p>	<p>1. = Student 2. = House Parent 3. = Institution/Res.</p> <p>↓</p> <p>Payable To: 3. Only Payable To: 1. or 2. or 3. Payable To: 1. or 2. or 3. Payable To: 1. or 2. or 3.</p>
<p>Tuition: Total \$ _____</p> <p>Books & Supplies: Total \$ _____</p> <p>Allowance: Rate \$ _____ Per Month</p> <p>Daily Travel: Rate \$ _____ Per Month</p>		
<p>Seasonal Travel: From: _____ To: _____</p> <p><input type="text"/> For Student: Rate: \$ _____ x _____ = \$ _____</p> <p><input type="text"/> For Escort: Rate: \$ _____ x _____ = \$ _____</p> <p style="text-align: center; font-size: small;">Home Community Destination One-Way Fare No. of Trips Total One-Way Fare No. of Trips Total</p>		
<p><input type="text"/> Room & Board: Rate \$ _____ Per Month Payable To: 1. or 2. or 3.</p> <p><input type="text"/> Clothing: Rate \$ _____ Per Month Payable To: 1. or 2. or 3.</p> <p><input type="text"/> Gym Supplies: Total \$ _____ Payable To: 1. or 2. or 3.</p> <p><input type="text"/> Home Ec./Shops: Total \$ _____ Payable To: 1. or 2. or 3.</p>		
<p>Other (Please Specify)</p> <p><input type="text"/> _____ Total \$ _____ Payable To: 1. or 2. or 3.</p> <p><input type="text"/> _____ Item Total \$ _____ Payable To: 1. or 2. or 3.</p> <p><input type="text"/> _____ Item Total \$ _____ Payable To: 1. or 2. or 3.</p> <p><input type="text"/> _____ Item Total \$ _____ Payable To: 1. or 2. or 3.</p> <p><input type="text"/> _____ Item Total \$ _____ Payable To: 1. or 2. or 3.</p>		
<p>Comments: _____</p> <p>_____</p>		

Funding dates: From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year

SECTION 6. HOME SCHOOL CO-ORDINATOR OR COUNSELLOR'S COMMENTS

(Confidential information should be written on an attached letter).

Date: _____ Signature: _____

SECTION 7. AUTHORIZING OFFICER'S COMMENTS

Date: _____ Approved: YES _____ NO _____

Signature of Authorizing Officer: _____

SECTION 8. DISTRIBUTION

1. Student Services File 3. Other _____
 2. Finance 4. _____

SECTION 9. PERSONAL INFORMATION

1. Full Name: _____
2. Band: _____ 3. Treaty No.: _____ 4. Date of Birth: _____
M / D / Y
5. Usually Live On Reserve or Off Reserve
6. Social Insurance #: _____ 7. Medical #: _____
8. Marital Status: _____ 9. Maiden Name _____
(If Applicable)
10. Permanent Home Address: _____
Street Address
Reserve/Town/City _____ PROVINCE _____
Postal Code _____ Telephone No. _____
11. Name of Parent or Guardian: _____
12. Address of Parent/ Guardian: _____
(If different from your permanent address) Street Address
Reserve/Town/City _____ PROVINCE _____
Postal Code _____ Telephone No. _____

SECTION 10. ACADEMIC HISTORY

1. Last High School Attended:
- Name of High School: _____
- Location: _____ Year: _____
- Grade Level or Diploma: _____ Completed? Yes or No
2. Other Educational Institutions Attended:
- | Name | Location | Year | Course | Degree/Diploma |
|------|----------|------|--------|----------------|
| | | | | |
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SECTION 11. HOUSEPARENTS/RESIDENCE INFORMATION

(Please check (✓) appropriate box) If student is on the honour system and is renting his/her own place use the residence portion.

- HOUSEPARENTS**
Name: _____
Address: _____
Street Address
City/Town _____ Province _____
Postal Code _____ Telephone #: _____
- RESIDENCE**
Name of Residence: _____
Name of Supervisor: _____
(or Landlord)
Address of Residence: _____
Street Address
City/Town _____ Province _____
Postal Code _____ Telephone #: _____

