



HISHKOONIKUN
Δδσβ Education Authority

430 RIVERSIDE ROAD/P.O. BOX 210

KASHECHEWAN, ON P0L 1S0

TEL: (705) 275-1029/4538

FAX: (705) 275-4515

1.12 Post Secondary Student Agreement - Form SA3

I, _____, as a post secondary student, who has applied the appropriate post secondary institution and requested to be sponsored by the Hishkoonikun Education Authority, agree to comply with the following:

- a) To ensure that at all times, I shall be enrolled in sufficient courses to be considered to full-time student at the institution I am attending.
- b) That if I withdraw from the course, without authorization from Hishkoonikun Education Authority before completion of the semester or of the year, Hishkoonikun Education Authority will not sponsor me for one complete academic year.

Therefore, I will be required to pay back any monies, which I have received for the period in which I did not attend to my studies; failure to pay back any monies will result in no future sponsorship.

- c) That I will provide the Hishkoonikun Education Authority with documents requested which includes a letter of acceptance from the education institution and all other required forms I am to complete and sign.
- d) That I will provide the Hishkoonikun Education Authority copies of my progress reports, attendance and official transcripts. I understand that if I do not comply, my living allowance will be withheld.
- e) To demonstrate respect and consideration for other persons, city and school property and be responsible for my own social behaviour.
- f) To attend all classes on a daily basis, to complete all assignments, required readings and daily homework for maintaining a minimum 60% average or letter öCö.
- g) That HEA reserves the right to place me on probation if my transcripts indicate that I am failing to meet course requirements in any semester.
- h) To utilize my monthly living allowance for expenditures such as: food, rent/lodging, utilities, daily travel to attend classes and basic school supplies.

- i) To declare as dependents only those who reside with me.
- j) To abide by this contract and the contents outlined therein, I understand that my education assistance shall be terminated with prior notification to my immediate attention.
- k) That Hishkoonikun Education Authority will not provide any advances on allowances.

If I refuse to sign this form, assistance will not be granted since my application for educational assistance cannot be processed.

I understand and agree to the conditions.

Student's Signature

Date