



**Delaware Nation
Post Secondary Assistance Program
Student Contract**

As a recipient of the Delaware Nation Student assistance policy, I recognize that I have a role and certain responsibilities are expected of me. I have read or will read the entire Student Assistance Policy and have a thorough understanding of the policy 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 of my 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 maintain regular contact with the Delaware Post Secondary staff. 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 the Delaware Nation Post Secondary staff.
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 the 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 financial assistance

Signature of Student

Date

Documentation Received (office Use Only)			
Status Card (front & back)	Direct Deposit Form (Canadian Banking only)	Tuition Statement	
HS Diploma/GED/ACE	Release of Information	Acceptance Letter	
HS Transcript	Course Schedule and Fee Statement	Grade Report	
_____ Staff Signature		_____ Date	
Staff Comments: _____ _____			
Authorization:			
Recommended <input type="checkbox"/> _____ Staff Signature		_____ Date	
Not Recommended <input type="checkbox"/>			
Authorization:			
Approved <input type="checkbox"/> _____ Staff Signature		_____ Date	
Not Approved <input type="checkbox"/>			
Data Entry Date: _____			