



2014/2015 Yellowhead Tribal College General Admission Application

ALL STUDENTS ARE REQUIRED TO SUBMIT A COMPLETE SIGNED APPLICATION
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED

SECTION 1 : GENERAL INFORMATION

Last Name:	First Name:	Middle Name:
Date of Birth: <small>Month / Day / Year</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name:
Treaty #:	SIN #:	Health Care #:
First Nation:		
Status: <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Bill C-31 <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> N/A		
Resident: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve		
Aboriginal Heritage: (ie. Cree, Stoney, Dene)		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		

Mailing Address:		
City:	Province:	Postal Code:
Email Address:	Home #:	Emergency #:

SECTION 2: EDUCATIONAL BACKGROUND

High School Status: <input type="checkbox"/> Attending <input type="checkbox"/> Graduate <input type="checkbox"/> Incomplete <input type="checkbox"/> Credits Earned	
Last High School Attended:	Last Month/ Year Attended:
City/Town, Province:	Alberta Education ID:

Previous Post-Secondary Education: College, Technical Institute or University (Starting with most recent):

Institution	Location	Dates Attended	Credential Earned <small>(Degree, Certificate, Diploma, etc.)</small>
Graduate	Incomplete	Credits Earned	

SECTION 3: PROGRAM APPLICATION

Term you are applying for:	<input type="checkbox"/> Fall (Sept) <input type="checkbox"/> Winter (Jan) <input type="checkbox"/> Spring/Summer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Have you previously applied to/attended YTC?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for YTC funding?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please check appropriate box:	<input type="checkbox"/> Full Sponsorship <input type="checkbox"/> Tuition Only	
How did you first hear about YTC?	<input type="checkbox"/> Friend/Relative <input type="checkbox"/> Advertising <input type="checkbox"/> Publications <input type="checkbox"/> Academic Counselling	

SECTION 4: PROGRAM SELECTION

If you are going to be attending YTC, please select one program from the following list:

- Academic Upgrading
- University and College Entrance Preparation
- University Transition Year
- University Studies Diploma
- Early Childhood Development
- Bachelor of Management (AU)
- Information Technology
- Administration Assistant
- Management Studies Diploma
- Health Careers Preparation
- Trades and Technology Preparation
- Social Work Diploma 2nd Year

If you are a YTC Band Member and will be attending a different post-secondary institution, complete the following:

Which Post-Secondary Institution have you applied to attend?	
What Program of studies have you applied for?	
What is the status of your application?	<input type="checkbox"/> Applied <input type="checkbox"/> Conditional Acceptance <input type="checkbox"/> Approved

WHAT IS YOUR CAREER GOAL?

SECTION 5: PAYMENT AGREEMENT

<input type="checkbox"/> I am a YTC Band Member and I am applying for funding from YTC <i>Note: YTC Members are from Alexander, O'Chiese, Sunchild and Alexis First Nations</i> A completed YTC Financial Support Application must accompany this application form.
<input type="checkbox"/> I am applying for Student Finance Board Funding and my approval is: <input type="checkbox"/> In progress <input type="checkbox"/> Final <input type="checkbox"/> Under review
<input type="checkbox"/> I am not a YTC Band Member and have applied for financial sponsorship from my band. <input type="checkbox"/> In Progress <input type="checkbox"/> Final (and Approved)
Band Contact Person: _____ Phone : _____
<input type="checkbox"/> I have funding from another source and will pay my tuition on receipt of an invoice. My funding source is: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

I agree, if admitted to Yellowhead Tribal College, to comply with College Regulations. I certify that this information in this application is true and complete in all respects and I have withheld no information. I also understand that any misrepresentation on my part may result in cancellation of my admission or registered status. Falsification of documents or withholding of requested information regarding this application are serious offences. I agree that YTC retains the right to nullify my application if the information is false or incomplete. The personal information requested on this form is collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for the purpose of determining eligibility for College admission and/or the administration of academic programs and student services. Certain personal information may be made available to federal, provincial and First nation government departments and agencies under appropriate legislative authority. For information about the collection and use of this information contact the Registrar at 780-484-0303.

Signature: _____

Date: _____