

# INDIAN TEACHER EDUCATION PROGRAM NEW STUDENT APPLICATION

28 Campus Drive, Room 3076  
College of Education, University of Saskatchewan  
S7N 0X1  
Phone: 306.966.7686  
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## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date (dd/mm/yyyy): \_\_\_\_\_ Maiden/Former Names: \_\_\_\_\_  
Present Address: \_\_\_\_\_ City & Province: \_\_\_\_\_  
Postal Code/Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Permanent Mailing Address (if different from above) : \_\_\_\_\_

## INDIGENOUS ANCESTRY

What Indigenous Nation do you belong to? : \_\_\_\_\_  
What Indigenous linguistic Group(s) do you belong to: \_\_\_\_\_  
Do you speak your Indigenous Language Fluently? : \_\_\_\_\_

## PROOF OF INDIAN STATUS - NATION STATE OF CANADA

Are you a Registered Status Indian Under the Indian Act? Yes / No If Yes, Registered Status Indian Number: \_\_\_\_\_  
Name of Indian Reserve: \_\_\_\_\_

## PROOF OF NATIVE AMERICAN TRIBAL ENROLLMENT – UNITED STATES OF AMERICA

Are you a federally recognized Native American with a Certificate of Indian Birth? Yes / No  
If Yes, Tribal Enrollment Number: \_\_\_\_\_  
Name of Native American Reservation: \_\_\_\_\_

## NON STATUS INDIANS, METIS & INUIT

Are you a Non-Status Indian, Metis or Inuit? Yes / No  
If yes what is your Indigenous Community Affiliation: \_\_\_\_\_

## POST SECONDARY FUNDING

Are you being funded by your Post Secondary Funding Agency? Yes / No  
If Yes, Funding Agency (First Nation Band)? : \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Are you applying for a Student Loan? Yes / No  
If Yes, Have you completed your Canada Student Loans application? : \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list all employment/volunteer history that relates to education and or working with children;

NAME OF INSTITUTION	TITLE OF JOB	DATE STARTED	DATE COMPLETED

**EDUCATION**

Have you completed Grade 12?

If Yes, Please Provide Name & City of School Attended \_\_\_\_\_

Have you Attended a Post Secondary Institution previously? Yes / No

If Yes, Please list ALL Post Secondary Institutions Attended

NAME OF INSTITUTION	NAME OF PROGRAM	COMPLETED YES/NO

Have you attended the University of Saskatchewan? Yes / No

If Yes, UofS Student Number: : \_\_\_\_\_

**EDUCATIONAL STATEMENT**

Please Answer the Following Questions.

1. Are you related to any ITEP Alumni?

NAME OF ALUMNI	RELATIONSHIP TO ALUMNI	YEAR ALUMNI GRADUATED

2. What is your Indigenous Language Fluency?

FLUENT SPEAKER	CONVERSATIONAL SPEAKER	UNDERSTAND NON-SPEAKER	NON-SPEAKER

3. In 250 words or less, please introduce yourself?

4. In 500 words or less please tell us why you want to become a teacher?

**REFERENCES**

NAME OF REFERENCE	JOB TITLE	CONTACT INFORMATION

Please forward OFFICIAL copies of ALL transcripts from both High School and any other Post-Secondary Institutes you have attended, to the following address:

Indian Teacher Education Program  
28 Campus Drive, Room 3076  
College of Education, University of Saskatchewan  
S7N 0X1