



APPLICATION FOR EDUCATION ASSISTANCE
 CONFIDENTIAL WHEN COMPLETED

FORM 12F.01

PERSONAL INFORMATION

REGISTRY NUMBER				BIRTH DATE			APPLICATION DATE		
1	2	2	0	M	D	Y	M	D	Y
SURNAME: _____ FIRST: _____ MIDDLE: _____									
SEX: M <input type="checkbox"/> F <input type="checkbox"/> EMAIL ADDRESS: _____									
HAVE YOU BEEN LIVING IN CANADA FOR THE LAST 12 MONTHS: YES <input type="checkbox"/> NO <input type="checkbox"/>									
MAILING ADDRESS:					ADDRESS WHILE AT SCHOOL:				
_____					_____				
_____					_____				
_____					_____				
POSTAL CODE _____					POSTAL CODE _____				
TELEPHONE (_____) _____					TELEPHONE (_____) _____				
EMERGENCY CONTACT PERSON: _____ TELEPHONE _____									

EDUCATION

CATEGORY <input type="checkbox"/> Level 1 College <input type="checkbox"/> Level 2 University <input type="checkbox"/> Level 3 Grad/Professional Studies <input type="checkbox"/> Level 4 Doctorial Studies		ATTENDANCE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		TYPE OF PROGRAM <input type="checkbox"/> College Certificate <input type="checkbox"/> Phd. <input type="checkbox"/> College Diploma Other _____ <input type="checkbox"/> University Degree <input type="checkbox"/> Graduate/Professional Degree	
PROGRAM	INSTITUTION	LOCATION	LENGTH OF PROGRAM	CURRENT YEAR OF STUDY (please circle one) <p style="text-align: center;">1 2 3 4 5</p>	
PLEASE SELECT TERM THAT APPLICATION IS FOR <input type="checkbox"/> Spring/Summer <input type="checkbox"/> Fall/Winter			LAST YEAR ATTENDED HIGH SCHOOL <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: auto;"></div>		
PREVIOUS POST SECONDARY EDUCATION INSTITUTION/ PROGRAM		DATES ATTENDED	FUNDED BY: Please select one NAWASH BOARD OF EDUCATION: <input type="checkbox"/> SELF FUNDED: <input type="checkbox"/>		PROGRAM COMPLETED YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> PLEASE ATTACH COURSE/PROGRAM OUTLINE.					



FORM 12F.01 -CONTINUED

FINANCIAL INFORMATION

COST	REQUESTED BY STUDENT	MAXIMUM ALLOWABLE
TUITION:		College: \$ 4000.00 University: \$ 6200.00
BOOKS: (Per semester: \$ 500.00 Issued in September & January) P/T Student: \$100 per course, \$300 Maximum.	\$	\$ 1000.00
LIVING ALLOWANCE: \$8,000.00 (F/T student only: \$1,000.00 per Month @ 8 Months)	\$	\$8000.00
OTHER:	\$	\$
TOTAL	\$	\$

BANK DEPOSIT INFORMATION

A void Cheque or direct deposit form is required to accompany this application from any chartered bank in Canada.

REQUIRED DOCUMENTATION TO ACCOMPANY APPLICATION

- Copy of your Indian Status card (both sides) Residency Fee Breakdown (If you plan on staying in residence)
- Void Cheque (Bank in Canada) Letter of Acceptance
- Copy of Official Secondary School Transcript or Official Post Secondary Transcript
- Valid Email Address
- Course/Program Outline

I declare that all of the above information is complete, true and accurate, and I agree to inform the Chippewas of Nawash Unceded First Nation Post Secondary office of any changes, which may affect my eligibility for funding. I also declare that I have read, understood, and agree to comply with all definitions, rules and guidelines listed in the Nawash Post Secondary Policy and this application.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED:		PRIORITY CODE:	POST SECONDARY CODE:	
REQUIRED DOCUMENTS		BUDGET		
Original Application <input type="checkbox"/> SIGNED <input type="checkbox"/> DATED <input type="checkbox"/>		COST	DATE REQUESTED ____/____/____	DATE APPROVED ____/____/____
Form 12F.02 SIGNED <input type="checkbox"/> DATED <input type="checkbox"/> WITNESSED <input type="checkbox"/>		TUITION		
<input type="checkbox"/> Copy of status card/ both sides	<input type="checkbox"/> Email Address	BOOKS		
<input type="checkbox"/> Bank Deposit Info/Void Cheque	<input type="checkbox"/> Course/Program Outline	LIVING ALLOWANCE		
<input type="checkbox"/> Residence Fee Breakdown	<input type="checkbox"/> Copy of Official Secondary/Post Secondary School Transcript	MILEAGE		
<input type="checkbox"/> Letter of Acceptance	<input type="checkbox"/> Letter of Permission	PROGRAM LENGTH		
		OTHER		
		TOTAL		

POST SECONDARY COORDINATOR'S SIGNATURE

DATE



PERMISSION FOR CONSENT TO RELEASE INFORMATION:

_____	_____	_____
Applicant's Surname	Given Name	Middle Initial
_____	_____	
Educational Institution	Applicant's Student Number	

CONSENT TO REQUEST INFORMATION:

I _____ provide my consent as may be required by statute, to allow the Nawash Post Secondary Program to request copies of information from Educational, and Training Institution(s). (Information may include official transcripts, attendance records and all other documents from the Education Institution in which I am currently enrolled.) This consent is intended to allow the Nawash Post Secondary Program to verify information to determine my eligibility to receive Post Secondary education assistance.

CONSENT TO RELEASE INFORMATION:

I _____ provide my consent as may be required by statute, to allow the Nawash Post Secondary Program to release information and provide copies of documentation as requested to Educational and Training Institution(s) and to Aboriginal Affairs and Northern Development Canada for reporting purposes. This consent is intended to allow the Nawash Post Secondary Program to provide information so that my eligibility may be determined and to confirm any assistance received through the Nawash Post Secondary Program.

Further, I give my consent for the Post Secondary Program to release information to the following person(s) on my behalf as requested:

Name of Person(s) authorized to act on my behalf: _____.

Signature of Student

Date

Signature of Witness

Date



STUDENT RESPONSIBILITY & ACCOUNTABILITY AGREEMENT FORM:

I _____, as a post secondary student sponsored by the Nawash Post Secondary Program agree:

- To ensure that at all times I am enrolled in sufficient courses to be considered a full time/part time student under the Chippewas of Nawash Post Secondary Policy Article 5 as well as at the institution that I am attending
- That if I withdraw from a course or from my program of study without the authorization from the Nawash Post Secondary Program, I understand and accept that my funding may be suspended or terminated. Further that I will be required to pay back any monies, which I received, or any monies paid on my behalf while not in school.
- To be diligent in my studies by attending classes on a regular basis and completing all assignments and other course requirements.
- To contact the Nawash Post Secondary Program when I encounter academic and/or social difficulties that are adversely affecting my academic performance.
- That the Nawash Post Secondary Program reserves the right to suspend and/or terminate educational assistance if I demonstrate a lack of ability or unwillingness to meet the academic, social, or financial responsibilities.
- That if I refuse to abide by this agreement the Nawash Post Secondary Program reserves the right to terminate sponsorship.
- That it is my responsibility as a student to **apply for assistance each Fall/Winter semester by the May 1st deadline.**
- That it is my responsibility as a student to **apply for assistance for the spring/summer term by March 1st if my program requires me to attend through the Spring/Summer semester**

DECLARATION AGREEMENT :

I have read the Nawash Post Secondary Program policy and further agree and understand the above conditions.

Signature of Student

Date

Signature of Witness

Date



CONTINGENCY FUND APPLICATION FORM

_____	_____	_____
Applicant's Surname	Given Name	Middle Initial

Applicant's Student Number		

REASON FOR REQUEST

Bereavement Family Illness Accident

TRAVEL

Travel from: _____ To (destination): _____

Total Kilometers: _____

Travel Dates: _____

For reimbursement please ensure that all receipts are attached.

Method of Verification: _____

Date verified: _____

_____	_____
Signature of Student	Date
_____	_____
Signature of Witness	Date