



CHIPPEWAS OF NAWASH UNCEDED FIRST NATION BOARD OF EDUCATION
NAWASH EDUCATION DIVERSITY ASSISTANCE PROGRAM
6 Harbour Road, NEYAASHIINIGMIING, ON N0H 2T0
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APPLICATION FOR NAWASH EDUCATION DIVERSITY ASSISTANCE PROGRAM

CONFIDENTIAL WHEN COMPLETED

PERSONAL INFORMATION

Registry Number 1 2 2 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Birth Date M D Y			Application Date M D Y		
Surname				First Name			Middle initial
SEX: M <input type="checkbox"/> F <input type="checkbox"/>		EMAIL address:					
MAILING ADDRESS: _____ _____ _____							
POSTAL CODE _____							
Phone #(_____) _____							
Phone #(_____) _____							

EMERGENCY Contact	Phone #
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EDUCATION

CATEGORY	TYPE OF ASSISTANCE	PROGRAM
<input type="checkbox"/> Post Secondary	<input type="checkbox"/> Tuition/Program/Course	
<input type="checkbox"/> Skills Trade/Development	<input type="checkbox"/> Course Supplies	GRADE OR YEAR OF STUDY
<input type="checkbox"/> Secondary	<input type="checkbox"/> Extra Curricular Support	
<input type="checkbox"/> Graduate/Professional Program	<input type="checkbox"/> Travel A or B	LENGTH OF PROGRAM
<input type="checkbox"/> Elementary		
INSTITUTION & LOCATION		
PURPOSE AND OBJECTIVE OF REQUEST		

FINANCIAL INFORMATION

Applicant's Budget Outline

COST	REQUESTED BY APPLICANT	MAXIMUM ALLOWABLE
Tuition/Program/Course	\$	\$3250.00 Less than 6 months \$6500.00 Up to 12 months
Mandatory Course Supplies	\$	\$1500.00 Less than 6 months \$3000.00 Up to 12 months
Extra Curricular Support	\$	\$750.00 Less than 6 months \$1500.00 Up to 12 months
Travel A or B	\$	\$500.00 Less than 6 months - \$1000.00 Up to 12 months \$1500.00 Less than 6 months - \$3000.00 Up to 12 months
TOTAL AMOUNT	\$	

Please include supporting documents

REQUIRED DOCUMENTATION TO ACCOMPANY APPLICATION

- Copy of Your Indian Status card (both sides)
- Confirmation of current enrollment in Elementary or Secondary School
- Tuition/Program/Course Fee
- Course Outline – start and end dates, objective
- Mandatory Course Supplies Fees/Quotes – include copies
- Extra Curricular Support Fees/Quotes – living expenses, childcare; copy of game & practice schedule, etc.,
- Travel Cost Estimate – Travel A or B, bus fee, parking fee, etc.,
- Valid E-mail Address

CONSENT AND RELEASE OF INFORMATION

I, _____ of _____
Applicant's Name Address

Hereby consent to the collection, disclosure and use of my personal information, that is:

1. The application for financial assistance and training request;
2. Information for determining and verifying program eligibility;

I further consent to the exchange of such information by:

- Training Providers (schools, eligible education or skills development institution)
- Huronia Area Aboriginal Management Board or Aboriginal Labour Force Development Circle
- Ontario Works & Ontario Disability Support Programs

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 Education 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 Education Diversity Assistance Program Policy and this application.

Applicant signature

Date

Witness Name

Witness Signature

Date

APPLICANTS RESPONSIBILITY & ACCOUNTABILITY AGREEMENT

I, _____, as an applicant to the Nawash Education Diversity Assistance Program agree:

Applicant

- To have read and understand the Nawash Education Diversity Assistance Program policy.
- To be diligent in my studies by attending practices, games, or classes on a regular basis and completing all assignments and other requirements.
- That it is my responsibility to apply for assistance according to the NEDAP deadlines.
- To acknowledge the Chippewas of Nawash First Nation Board of Education in receipt of funding assistance.

Applicant signature

Witness Signature

Date

Date

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____

REQUIRED DOCUMENTS	BUDGET REQUESTED	APPROVED BUDGET
<input type="checkbox"/> Original Application <input type="checkbox"/> SIGNED <input type="checkbox"/> DATED <i>Consent and Release of Information</i>	20____ / 20____	20____ / 20____
<input type="checkbox"/> SIGNED <input type="checkbox"/> DATED <input type="checkbox"/> WITNESSED <input type="checkbox"/> Copy of Indian Status card (both sides) <input type="checkbox"/> Extra Curricular support/Fees/Quotes-supporting documentation included	Tuition/Program Fees	
<input type="checkbox"/> Letter of acceptance/confirmation of enrollment <input type="checkbox"/> Travel Costs Estimate-supporting documentation included	Mandatory Course Supplies	
<input type="checkbox"/> Tuition/Program Fee Statement <input type="checkbox"/> Valid Email Address	Extra Curricular Support	
<input type="checkbox"/> Mandatory Course Supplies Fees/Quotes-supporting documentation included	Travel A	
	Travel B	
	TOTAL	

NEDAP Review Committee: RECOMMENDED NOT RECOMMENDED

CNUFN Board of Education: APPROVED NOT APPROVED

COMMENTS:

 Chippewas of Nawash Unceded First Nation
 Board of Education

 DATE