



CHIPPEWAS OF NAWASH UNCEDED FIRST NATION BOARD OF EDUCATION
NAWASH EDUCATION DIVERSITY ASSISTANCE PROGRAM
6 Harbour Road, NEYAASHIINIGMIING, ON N0H 2T0
TEL NO: (519) 534-0882
FAX: (519) 534-5138

E-mail: nawashed.NEDAP@gbtel.ca

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 #(_____) _____							

Alternative Contact	Phone #
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EDUCATION

CATEGORY	TYPE OF ASSISTANCE	PROGRAM
<input type="checkbox"/> Post Secondary	<input type="checkbox"/> Tuition/Program/Course	GRADE OR YEAR OF STUDY
<input type="checkbox"/> Skills Trade/Development	<input type="checkbox"/> Course Supplies	
<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 <i>Less than 6 months</i> \$6500.00 <i>Up to 12 months</i>
Mandatory Course Supplies	\$	\$1500.00 <i>Less than 6 months</i> \$3000.00 <i>Up to 12 months</i>
Extra Curricular Support	\$	\$750.00 <i>Less than 6 months</i> \$1500.00 <i>Up to 12 months</i>
Travel A or B	\$	\$500.00 <i>Less than 6 months</i> - \$1000.00 <i>Up to 12 months</i> \$1500.00 <i>Less than 6 months</i> - \$3000.00 <i>Up to 12 months</i>
TOTAL AMOUNT	\$	

MUST include supporting documents

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

Witness Name

Date

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

REQUIRED DOCUMENTATION ACCORDING TO APPLICATION FUNDING REQUEST

- I have read and understand the Nawash Education Diversity Assistance Program Policy
- 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

Comments:

Should you require assistance filling out the NEDAP application or have any questions about the NEDAP policy please call the Chippewas of Nawash Board of Education Office between the hours of 8:30-4:30 Monday to Friday and we will gladly assist you.
(519) 534-0882

Building Anishinabek Success...Voices For Today and Tomorrow.