



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

CONFIDENTIAL WHEN COMPLETED
 Application Deadline: Fall/Winter – **MAY 1ST**
 Application Deadline: Summer/Spring – **MARCH 1ST**

PERSONAL INFORMATION

Registry Number 1220 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Birth Date M D Y		Please select term APPLICATION <input type="checkbox"/> Spring/Summer (May 1 st – Aug 30 th) <input type="checkbox"/> Fall/Winter (Sept 1 st – April 30 th)	
Surname			First Name		Middle initial
SEX: M <input type="checkbox"/> F <input type="checkbox"/>		EMAIL address:			
MAILING ADDRESS: _____ _____ _____			ADDRESS WHILE AT SCHOOL: _____ _____ _____		
POSTAL CODE _____			POSTAL CODE _____		
Phone #(_____) _____			Phone #(_____) _____		
Phone #(_____) _____					
EMERGENCY Contact				Phone #	

EDUCATION

TYPE OF PROGRAM <input type="checkbox"/> College Certificate <input type="checkbox"/> College Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Post Graduate/Professional Degree <input type="checkbox"/> Phd. <input type="checkbox"/> Apprenticeship	STAYING IN RESIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	PROGRAM	
	ATTENDANCE <input type="checkbox"/> Full time <input type="checkbox"/> Part time	INSTITUTION	
		LOCATION	
			LENGTH OF PROGRAM 1YR 2YR 3YR 4YR 5YR <small>Please circle one</small>
DATE OF LAST SCHOOL ATTENDED	PREVIOUS POST SECONDARY EDUCATION <i>Program & Institution</i>		PROGRAM COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL INFORMATION

Applicant's Budget Outline

COST	REQUESTED BY STUDENT	MAXIMUM ALLOWABLE
Tuition – Actual cost	\$	<i>College - \$5000.00</i> <i>University - \$7000.00</i>
Books – issued in September and January	\$	<i>\$2000.00</i> (\$1000.00 per semester; P/T students \$200.00/course to MAXIMUM \$600.00)
Living Allowance – F/T students only \$1000.00/month	\$	<i>\$12,000.00</i>
TOTAL AMOUNT	\$	

REQUIRED DOCUMENTATION TO ACCOMPANY APPLICATION

- Copy of Your Indian Status card (both sides)
- Residence Invoice of Agreement form (if staying in residence)
- Direct Deposit Form (must be a Canadian bank)
- Letter of Acceptance
- Copy of Secondary School transcript or Post Secondary Transcript
- Course/Program Information
- Confirmation of Enrollment
- Valid Email Address

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 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 Post Secondary Assistance Program Policy and this application.

Applicant signature

Date

PERMISSION FOR CONSENT TO DISCLOSE and VERIFY STUDENT INFORMATION

_____	_____
Student name	Month day year Date of Birth
_____	_____
Student Email	Student Number
_____	_____
Student Program	Educational Institute

CONSENT TO DISCLOSE & VERIFY INFORMATION

As a student being sponsored by the Chippewas of Nawash Unceded First Nation Board of Education, I hereby authorize and consent to the access, collection, disclosure and release of information between any representatives of the Nawash Post Secondary Assistance program – Chippewas of Nawash First Nation Board of Education and representatives of the following agencies regarding educational, training or employment related activities, please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Sponsored Student Institution | <input type="checkbox"/> Huronia Area Aboriginal Management Board |
| <input type="checkbox"/> Ontario Works | <input type="checkbox"/> Ontario Disability Support Programs |

This information exchange relates to my Post Secondary Education Assistance application with the above institution and consent to disclose and verify information regarding:

1. Tuition fees;
2. Transcripts and/or progress reports indicative of my academic standing;
3. Course or program withdrawals.

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: _____

Applicant signature

Date

Witness signature

Date

STUDENT RESPONSIBILITY & ACCOUNTABILITY AGREEMENT

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

- 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 each *Spring/Summer* semester by the **March 1st** deadline.
- To ensure that at all times I am enrolled in sufficient courses to be considered a fulltime/part time student under the Chippewas of Nawash Post Secondary Policy Article 5.
- To be diligent in my studies by attending classes on a regular basis and completing all assignments and other requirements.
- That if I withdraw from a course or from my program of study without informing the Nawash post Secondary Program, I understand that 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 contact the Nawash Post Secondary Program when I encounter academic and/or social difficulties that is 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 my academic responsibilities.
- That if I refuse to abide by this agreement the Nawash post Secondary Program reserves the right to terminate sponsorship.

DECLARATION AGREEMENT

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

Student Signature

Date

Witness Signature

Date