

APPLICATION CAN BE SUBMITTED BY MAIL, EMAIL, OR FAX TO:

36 Semo Road
Garden Village, ON P2B 3K2
P: 705-753-6995 F: 705-753-5827
email: gerryg@nfn.ca

FOR OFFICE USE ONLY

Date Received: _____

Priority: _____

Approved: YES () NO ()
Reason: _____

Authorized Signature: _____

Date: _____

NOTES: _____

Education Department

FULL TIME POST SECONDARY STUDENT APPLICATION FORM YEAR 20__ -20__

*PLEASE ENSURE YOUR APPLICATION IS COMPLETE WHEN RECEIVED INTO OUR OFFICE OR
IT MAY BE RETURNED FOR COMPLETION*

DEADLINE FOR ALL STUDENTS IS May 15th @ 4PM ANNUALLY

*Applications received after the May 15 deadline will be placed behind other applications received prior to
the deadline, and are subject to the availability of funds.*

A. Applicant's Information:

First Name:		Middle Name(s):	Last Name:
Male <input type="checkbox"/>	Female <input type="checkbox"/>	D.O.B. YYYY/MM/DD	10 Digit Band Registry No.
Mailing Address:			Phone No.
City:	Prov.	Postal Code:	Alternate No.
Email address (mandatory):			

B. ALL DOCUMENTS LISTED MUST BE SUBMITTED WITH APPLICATION

Attached

- ONLY if you attended prior years - Post Secondary Transcripts – College or University
- ONLY if you are staying in Campus Residence - Residence Amount
- Final Acceptance Letter from College or University (ONLY first year students or if not on file)
- Program Registration with Class Schedule or Program outline for year requesting funding
- Tuition Fee Statements or Invoice or Estimate from school for year requesting funding

Your application may be returned if you have not included these documents. Call if you are missing information.

C. Education:

Please check one:

<input type="checkbox"/> Continuing Post Secondary Student	<input type="checkbox"/> High School Graduate Year _____
<input type="checkbox"/> Mature Student (did not graduate High School)	<input type="checkbox"/> Post Secondary Graduate returning
<input type="checkbox"/> Post -Secondary student returning to complete course of study after being out for one+ years	

Have you received Post- Secondary Education funding before?
Nipissing First Nation Education Department: Yes No If yes, When? _____

Other Sources of Funding: Yes No
Please specify: _____

If you have attended Post Secondary, when did you last attend? _____
What did you take? _____

Did you graduate? Yes No

D. Education:

College/University you will be attending:					
Program/Major:			Student #:		
<p>Qualification Sought:</p> <input type="checkbox"/> Trade Certificate <input type="checkbox"/> College Certificate <input type="checkbox"/> College Diploma <input type="checkbox"/> University Undergraduate <input type="checkbox"/> University Graduate					
<p>COLLEGE STUDENTS ONLY</p> How many Semesters are in your current program? _____ How many Semesters have you completed as of May 25, deadline date? _____ Fill in the Semesters you are requesting funding.			<p>UNIVERSITY STUDENTS ONLY</p> How many credits are required to graduate from your program? _____ How many credits have you earned as of May 25, deadline date? _____ Fill in the Semesters you are requesting funding.		
Fall	Winter	*Spring/Summer	Fall	Winter	*Spring/Summer
What is your expected date of graduation?			What is your expected date of graduation?		
<p>Please explain your education plan until your graduation day. – Examples: Why are you interested in taking this program? Do you plan to continue on to higher education? Does your program run through the *Spring/Summer term? Does your program start before September or finish after April? Add a page if needed. (Max 1 page) (*Spring/Summer funding approval based on requirement of institution)</p>					

ALL students are required to include an outline of their program with a projected time frame until graduation. Examples are posted on our website nfn.ca, or contact our office for assistance. 705-753-6995

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STUDENT BUDGET:

Tuition
Residence
Allowance
Books
TOTAL

E. Student Income:

Employed: P/T F/T Self-Employed Unemployed Student No Income

Type of Income: Social Assistance/Ontario Works Employment Insurance
 Disability WSIB
 Other (specify) _____

Are you able to contribute to your own education expenses? Yes No
 Explain:

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NOTES:

F. Personal Information:

- Single Student
- Single Parent with # _____ dependent(s) - please include documentation
- Student with employed spouse/partner with # _____ dependent(s) - dependent allowance not provided
- Student with dependent spouse/partner and # _____ dependent(s) - please include documentation

G. Spouse/Partner's Information (if applicable):

First Name: _____ Middle Name(s): _____ Last Name: _____

Employed: P/T F/T Self-Employed Unemployed Student No Income

H. List dependents and their ages (if applicable):

Full Name	Relationship	Date of Birth YYYY/MM/DD

When claiming dependents, please include documentation; such as, a copy of a school report card with your current address, court papers, daycare receipts with your address, etc.

I. Collection of Personal Information and Consent to Access and/or Release

In signing below, I understand that the information collected on this form will be used to establish and maintain a Nipissing First Nation Education Department Student Record for the purposes of providing educational funding services to the student, including processing this Application Form, evaluating the educational requirements of the student's qualifications for funding, and supervising the student's academic achievements. This information may also be used for statistical purposes.

I will allow the Nipissing First Nation Education Department to exchange pertinent information about me to my selected educational institution, _____, _____ and
Name of Institution (Student #)

Nipissing First Nation Departments.

I /We understand that his consent will apply to inquires made relating to my initial eligibility for as well as my past and ongoing receipt of , Nipissing Education Funding. I further understand That inquires my take the form of electronic data exchanges.

X _____
 Signature of Student (We cannot process the request without a signature here) Date

I will also allow the Nipissing First Nation Education Department to disclose my educational information, if requested, to:

a) My immediate family (applies to spouse, parent or guardian, grandparent, sibling or child)

Yes No

b) _____ Who is not a member of my immediate family
(Name of other authorize person)

X _____
 Signature of Student (We cannot process the request without a signature here) Date

J. Your signature for application:

To the best of my knowledge, I declare that ALL the information I have given to the Nipissing First Nation Education Department is true and correct. When I have completed or withdrawn from my course(s), I agree to advise the Nipissing First Nation Education Department within a reasonable timeframe. Failure to do so may result in an overpayment, and you may be required to repay NFN.

X _____
 Signature of Student (We cannot process the request without a signature here) Date

Attach receipts for application fees and tuition. Only non-refundable fees can be reimbursed back to the student (based on Max. tuition amounts). Residence deposits are refunded back to students by the institution.

*University Students - (if not already on file) Include a letter or program information from your institution outlining the length of time required for your program. *Your application will be returned if you have not included this document.

To safeguard yourself, it is advisable for applicants to also apply for a student loan (ex. OSAP). If sponsorship by NFN is approved, you would then notify student loans and cancel assistance through them.

Please contact the office if there are changes to your application or student status after submission.

We encourage all students to contact our office when completing this application. Questions are welcomed.