

FULL-TIME POST-SECONDARY STUDENT APPLICATION FORM

IMPORTANT INFORMATION PLEASE READ CAREFULLY

- *Deadlines for all students is May 15th, at 4 PM annually.*
- *Applications received after May 15th will be processed after those received on time and are subject to the availability of funds.*
- *PLEASE ENSURE YOUR APPLICATION FORM(S) IS COMPLETE WHEN RECEIVED AT OUR OFFICE.*
- *IF ADDITIONAL DOCUMENTS WILL BE FOLLOWING, PLEASE INDICATE the expected time of receipt to us AND CONFIRM WITH OUR OFFICE UPON SUBMISSION so we can process the application in time.*
- *Your application may not be fully processed if documents are missing and returned to you.*
- *Secondary student applicants do not have to submit grades with applications.*
- *Copies of official transcripts are preferred; screenshots or pictures will not be accepted as mark submissions as of 2023-2024. Students are to arrange with their institutions to get official documents sent to us via email or mail each semester where funding was provided.*
- *If you have any questions, require assistance completing, or wish to inquire about your application's status, please contact our office.*

APPLICANT CHECKLIST

Your application must include the following:

- ☐ **All** sections A to G of this application package are filled and signed.
- ☐ **ALL** students must include an outline of their program with a projected time frame until graduation. Official Acceptance Letter from College or University **ONLY** first-year students or transitioning programs (undergraduate to post-graduate studies) that are not on file.
- ☐ Program Registration with Class Schedule or Program Outline for the year requesting funding.
- ☐ Tuition Fee Statements or Invoices or Estimates from the school for the year requesting funding.
- ☐ Official copies of College or University Transcripts **ONLY** if you attended prior years or are returning.
- ☐ Residence Amount - **ONLY** if you are staying in Campus Residence.

Your application may be returned if you still need to include these documents.

Call if you need more information.

OFFICE USE ONLY			
DATE RECEIVED:		PRIORITY:	APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
BUDGET		NOTES:	
Tuition			
Residence			
Allowance			
Books			
TOTAL:		AUTHORIZED SIGNATURE:	
		DATE:	

SECTION A: APPLICANT'S INFORMATION

First Name:	Middle Name(s):	Last Name:
10 Digit Band Registry No.:	D.O.B. (YYYY/MM/DD):	
Contact Information: (if there are any changes to this information, please update the department immediately)		
Unit and Street Address:		
City:	Province:	Postal Code:
Email address (not school)	Phone/Cell No.	Alternate No.

SECTION B: EDUCATIONAL HISTORY

PLEASE SELECT ONE:

<input type="checkbox"/> Continuing Post Secondary Student	<input type="checkbox"/> Secondary School Graduate, provide YEAR of Graduation:
<input type="checkbox"/> Mature Student (did not graduate Secondary School) How many years have you been out of school?	<input type="checkbox"/> Post Secondary Graduate returning, provide YEAR of Graduation:
<input type="checkbox"/> Post Secondary student returning to complete course of study after being out 1+	
If you have attended Post Secondary	
What institution did you attend?	What Program were you registered for: When did you last attend?
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO, why?	

Have you received Post Secondary Education funding before:

Nipissing First Nation Education Department?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, when?
Other Sources of Funding	<input type="checkbox"/> NO <input type="checkbox"/> YES	Please Specify:

SECTION C: EDUCATIONAL GOALS

Which College/University will you be attending:	Program/Major:
Student No.:	What is your expected date of graduation?
Fill in the Semesters you are requesting funding for this upcoming academic year. <input type="checkbox"/> FALL <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer	
Qualification Sought:	
<input type="checkbox"/> Trade Certificate	<input type="checkbox"/> College Certificate
<input type="checkbox"/> University Undergraduate	<input type="checkbox"/> University Graduate
<input type="checkbox"/> College Diploma	<input type="checkbox"/> Professional University Degree
COLLEGE STUDENTS ONLY	UNIVERSITY STUDENTS ONLY
How many semesters are in your current Program:	How many credits are required to graduate from your program:
How many semesters have you completed as of May 15 th of this year?	How many credits have you earned as of May 15 th of this year?

Educational Goals (Please explain your educational plan until your graduation day)

Consider answering the following: Why are you interested in taking this program of study? Do you plan on continuing to higher education? Is it mandatory for you to attend through the spring/summer terms? Does your program start before September or finish after April?

SECTION D: STUDENT INCOME

Employed: ☐ Part-Time ☐ Full-Time ☐ Self-Employed **Unemployed:** ☐ Student ☐ No Income

Assistance Income: *it is the goal of the post-secondary assistance program to ensure that we do not affect longer-term financial assistance for any of those who may have access to specific entitlements that may have stipulations or conditions associated with other funds, income, social pensions*

- ☐ Social Assistance/Ontario Works ☐ Employment Insurance ☐ WSIB
☐ ODSP ☐ OTHER: (please specify)

Are you able to contribute to your own educational expenses? ☐ YES ☐ NO

Please explain.

SECTION E: DEPENDENTS and FAMILY (Please refer to policy section 19.8 for who qualifies as a dependent)

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

Non-Dependent Spouse/Partner's Information (if applicable)

First Name:	Middle Name:	Last Name
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Income: ☐ Part-Time ☐ Full-Time ☐ Assistance Income ☐ Student ☐ No Income/Unemployed

List of Qualified Dependents and their ages (if applicable) maximum of 4. *When claiming dependants, please include documentation containing the permanent address of the dependant ex: daycare receipts, report cards, legal documents*

Full Name	Relationship	Date of Birth (YYYY/MM/DD)	Employed/Unemployed/Social Assistance

SECTION F: COLLECTION OF PERSONAL INFORMATION AND CONSENT TO ACCESS AND RELEASE OF INFORMATION

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 with my selected educational institution, _____, _____.
(Name of Institution) (Student #)

I/We understand that this consent will apply to inquiries concerning my initial eligibility and my past and ongoing receipt of Nipissing First Nation Post-Secondary Funding. I further understand that inquiries may take the form of electronic data exchanges.

X _____
Signature of Student (We will not process the application without a signature) 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

OR

b) _____ who is not a member of my immediate family.
(name of another authorized person)

X _____
Signature of Student (We will not process the application without a signature) Date

SECTION G: APPLICANT'S ATTESTATION

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. Please do so to avoid an overpayment, and you may be required to repay NFN.

X _____
Signature of Student (We will not process the application without a signature) 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 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.

The Post Secondary Policy is on the NFN.ca website for your review, or you can contact the office for a copy.

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