

## PART-TIME POST-SECONDARY FINANCIAL ASSISTANCE APPLICATION

### PLEASE NOTE: (read carefully)

- PLEASE ENSURE YOUR APPLICATION IS COMPLETE WHEN RECEIVED AT OUR OFFICE, OR IT WILL BE RETURNED
- APPLICATIONS ARE RECEIVED APRIL 1<sup>ST</sup> – MARCH 31<sup>ST</sup>, AND ARE SUBJECT TO THE AVAILABILITY OF FUNDS.
- \*All Students - (if not already on file) Include a letter or program information from your institution outlining the length of time your credits are valid to complete 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 are responsible for notifying 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.

### APPLICANT CHECKLIST

Ensure all the following documentation is provided before submitting your application. If all your documentation is not received, your application will not be processed.

- ☐ Post-Secondary Transcripts (ONLY if you attended prior years)
- ☐ Course Registration, Class Schedule or Course outline
- ☐ Tuition Fee Statements or Invoice or Estimates from the school

OFFICE USE ONLY			
DATE RECEIVED:		PRIORITY:	APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
BUDGET		NOTES:	
Tuition			
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:

- ☐ New Post-Secondary Student
 ☐ Post-Secondary Graduate Returning (Additional Qualifications/Upgrades)
 ☐ Continuing Post Secondary Student
 ☐ Mature Student (did not graduate Secondary School)

### Have you attended and/or received Post Secondary Education funding before:

Which post-secondary school did you attend last?	Which Program were you in?	Did you Graduate:	What Year(s)?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nipissing First Nation Education Department?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, when?	
Canadian/Ontario Funding: (OSAP)	<input type="checkbox"/> NO <input type="checkbox"/> YES		
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.:
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		
Will you be attending: <input type="checkbox"/> University <input type="checkbox"/> College		
Qualification Sought:		
<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 <input type="checkbox"/> Professional University Degree <input type="checkbox"/> Additional Qualification		
How many courses/credits are you requesting to complete your program?		
How many courses/credits have you completed to date toward your qualification?		

**CONTINUE TO NEXT PAGE PLEASE**

### SECTION C: EDUCATIONAL GOALS (continued)

#### Time Table

Semester	Course Code	Start Date	End Date	Credit Value	

#### 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: INCOME AND ADDITIONAL CONTRIBUTIONS

**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  
☐ Personal/Work Pension ☐ OTHER: (please specify)

Are you able to contribute to your educational expenses? ☐ YES ☐ NO  
Please explain.

Employer Contribution ☐ Yes Amount: \$ ☐ No Please Explain:

Other ☐ Yes Amount: \$ ☐ No Please Explain:

## SECTION E: COLLECTION OF INFORMATION AND CONSENT TO ACCESS AND OR RELEASE 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 to my selected educational institution.

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 students)

Date: \_\_\_\_\_

\_\_\_\_\_  
(printed name)

## SECTION F: CONFIRMATION OF 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. Please do so to avoid an overpayment, and you may be required to repay NFN.

X \_\_\_\_\_  
(Signature of students)

Date: \_\_\_\_\_

\_\_\_\_\_  
(printed name)