



SUBMIT FORM 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

**PART TIME POST SECONDARY STUDENT
 APPLICATION FORM 20__-20__**

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

Applications are received April 1st – March 31st, 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
- Post-Secondary Transcripts (ONLY if you attended prior years)
 - Course Registration or Class Schedule or Course outline
 - Tuition Fee Statements or Invoice or Estimate from school

Your application will be returned if you have not included these documents.

C. Education:

- Please check one:
- New Post-Secondary Student Continuing Post-Secondary Student
 - Mature Student (did not graduate High School) Post-Secondary Graduate returning

Have you received Post-Secondary Education funding before?
 Nipissing First Nation Education Department: Yes No
 Government Funding (ex. OSAP): Yes No
 Other Sources (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 #:	
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	Additional Qualifications

E. Student Income:

Employed: <input type="checkbox"/> P/T	<input type="checkbox"/> F/T	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student	<input type="checkbox"/> No Income
Type of Income: <input type="checkbox"/> Social Assistance/Ontario Works					
<input type="checkbox"/> Employment Insurance					
<input type="checkbox"/> Disability					
<input type="checkbox"/> WSIB					
<input type="checkbox"/> Pension (specify) _____					
Are you able to contribute to your own education expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Explain: _____					

F. Other Contribution(s):

Employer Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Explain: _____
Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Explain: _____

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

H. 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