



Namaygoosisagagun First Nation

REQUIRED DOCUMENTATION – CHECK LIST

(Please make sure all information is included with your application)

- Education/Career plan 200-500 word essay (*new students/students entering a new program*)
- Final Acceptance Letter (*new students*)* ; OR
Proof of re-enrollment (*returning students*)*
- Direct Deposit information (*original copy with signature or faxed directly from your banking institution*)
- Declaration and Release of information form
- Copy of transcript (*returning to post-secondary or student with prior Post-Secondary education*)
(high school transcript not needed)
- Proof that spouse is unemployed (*only students claiming this*)
- Documents for dependents under 18 (*students with dependent children*)
- Affidavit (*only for students with common-law partner*)

***IMPORTANT:** Funding application deadline is May 26, 2018. The Final Acceptance/Proof of re-enrollment document deadline is August 1, 2018.

Failure to supply this document by the dates stated will result in your funding being revoked and redistributed.

STUDENT IDENTIFIER	
New student (High School Graduate or Mature Student) <input type="checkbox"/>	Have you ever received post-secondary funding? Yes <input type="checkbox"/> No <input type="checkbox"/>
Continuing (In current program) <input type="checkbox"/>	Have you ever received Employment & Training funding? Yes <input type="checkbox"/> No <input type="checkbox"/>
Returning (in new program) <input type="checkbox"/>	Are you, or will you receiving any other government funding to assist with your education? Yes <input type="checkbox"/> No <input type="checkbox"/>
Band Number _____	Date of Birth: (month/day/year) _____

STUDENT INFORMATION			
Last Name:		First Name	Middle Name
Maiden Name: (Name at birth)			
Social Insurance #		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Phone: (H) _____ (cell) _____		Email (<i>mandatory</i>)	
Address	City	Province	Postal Code

EDUCATION PLAN		
When my course is finished I will have one of the following: College Certificate <input type="checkbox"/> College Diploma <input type="checkbox"/> University: B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> PHD. <input type="checkbox"/> No Qualification <input type="checkbox"/>		
Program/Course (e.g. General Arts/Nursing etc.)	Institution (name of College/University)	Location (city/campus)
Distant Education (on line) Yes <input type="checkbox"/> No <input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Length of your Program? (eg. Police Foundations is a 2 yr program) 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 3 yr <input type="checkbox"/> 4 yr <input type="checkbox"/> 5 yr <input type="checkbox"/>	I will be entering into my: 1 st yr <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/>	Date of Anticipated Graduation _____/_____/_____ Month Day Year
Training Dates – This School Year Only (What day do you start classes/end? _____/_____/_____ For this school year) Year		

PROFILE	
I am Single (No children) <input type="checkbox"/>	I am Married/Common Law with unemployed* Spouse <input type="checkbox"/>
I am a Single Parent <input type="checkbox"/>	I am Married/Common Law with employed Spouse <input type="checkbox"/>

(Spouse/Partner's) Last Name	(Spouse/Partner's) First Name	Middle Name
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(Please attach copy of identification of all eligible children – and custody papers)

Dependents Name (under 18 years of age)	Dependents Date of Birth	Dependents Band Number (if applicable)
1.		
2.		
3.		
4.		
5.		
6.		

ACADEMIC HISTORY

High School Diploma Yes No

G.E.D. Yes No

What year? _____

What year? _____

Have you ever been suspended from receiving financial assistance from Namaygoosisagagun F.N. Yes No

If suspended what date was your suspension lifted _____

Complete the information below starting with the last college you attended – *please supply copies of diplomas*

Institution	Program	Dates Attended M/D/Y		Program Completed Yes <input type="checkbox"/> No <input type="checkbox"/>
			To	
			To	Yes <input type="checkbox"/> No <input type="checkbox"/>
			To	Yes <input type="checkbox"/> No <input type="checkbox"/>
			To	Yes <input type="checkbox"/> No <input type="checkbox"/>
			To	Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION/CAREER PLAN ESSAY - POST-SECONDARY FUNDING APPLICATION

*To be completed by new applicants or students entering a new program
If you are continuing on in the same program you do not have to submit an essay.*

(Please use a separate sheet and include with your application)

GUIDELINE FOR ESSAY

ESSAY MUST BE 200-500 WORDS

Funding decisions are based on information you supply in your application and essay. It is in your best interest to demonstrate that you have examined your options and are making an informed decision.

Include information on the following questions, and any additional information you think is important. This is your opportunity to let the committee know all relevant information about you and educational career.

Applications and essays are presented to the committee without prospective student's names or identifiers. Any information that will assist the committee understanding your goals should be included in the essay.

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1. Why did you apply for this program?
 2. If you are entering a pre-course (e.g. pre-health, pre-tech) what course do you hope to enter into the next school year?
 3. What are the job opportunities and salaries in your prospective career?
 4. What support networks do you have in place to help you reach your academic goal?
 5. What budget do you have in place to ensure you will be able to succeed? Are you aware of the expense you will encounter during your academic career?
 6. What are your future plans after graduating from current post-secondary program? Include how getting this education will benefit you, also, will it benefit your community?
 7. Are you anticipating any further educational goals, after completing this program?
 8. Have you done any work/volunteered in the career you are interested in studying?
 9. If you had prior funding, elaborate on why Namaygoosisagagun First Nation should invest in your education. What has changed since the last time you were funded?
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DECLARATION

I understand and agree to not take this sponsorship for granted. The following are conditions for sponsorship by Namaygoosisagagun First Nation. All information will be held in confidence and without prejudice.

- To attend classes regularly and consistently, to be punctual, and prepared for classes.
- To consult with Namaygoosisagagun First Nation should any academic difficulties occur.
- To check in every month between the 1st and 15th with Namaygoosisagagun First Nation though a phone call or by email. Failure to check in by the 15th will result in living assistance payment delay of 1 week of actual check in day.
- To supply Namaygoosisagagun First Nation with my transcript 2 times a year (January and the end of the school year). Failure to do so will result in funding being ceased. If a transcript is not produced within 30 days funding will be suspended for a period of 2 years and repayment must be made for all expenses paid on your behalf.
- To notify Namaygoosisagagun First Nation if **I withdraw from college/university** or if **I am no longer attending classes**.
- To meet or exceed the minimum grade requirements of Namaygoosisagagun First Nation as well as the college/university/ program and understand that if I do not meet these requirements, my funding will be cancelled without notice.
- To submit a completed application form before the deadline date (last Friday in May) for each school year I wish to attend.
- I understand that I can not switch programs without discussing this with Namaygoosisagagun First Nation.
- I will immediately declare all grants, monetary awards and/or other monies awarded to me in order that any necessary adjustments can be made with respect to financial assistance provided by Fort William First Nation Education Department.

I understand that failure to meet **any one** of these requirements may result in all funding being ceased immediately and I may incur a 2 year suspension from receiving any education funding from Namaygoosisagagun First Nation, in addition I will be required to repay Namaygoosisagagun First Nation for any or all monies received by me, or paid on my behalf, for my education. I authorize Namaygoosisagagun First Nation to deduct from any payment made payable to me, a minimum of 10%, to be applied to the cost the debt I incurred as a result of not meeting the conditions laid out in this declaration.

By agreeing to these terms and conditions, I agree to respect the faith Namaygoosisagagun First Nation has in my ability to succeed.

ALL THE INFORMATION PROVIDED BY ME ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO THE CONDITIONS AS OUTLINE ABOVE, AND IN THIS APPLICATION. I UNDERSTAND ALL INFORMATION IS SUBJECT TO VERIFICATION.

(Student Signature)

(Date)

RELEASE OF INFORMATION FORM

This is your Authorization to release attendance information, financial information, as well as any other pertinent education information to Namaygoosisagagun First Nation while I am enrolled in the following program. This also authorizes Namaygoosisagagun First Nation to share Basic information about my funding between other departments within its organization.

Program: _____ College/University Name: _____

In the event that I have to withdraw from my post-secondary education program please send my refund owing to:

Namaygoosisagagun First Nation

Name: Please print clearly; _____

Signature

Date

Student Number

Complete only if claiming common-law status

IN THE MATTER OF: (your name) _____

AND (common-law partner name) _____
(attach Identification with address e.g. drivers license)

IN THE MATTER OF: I provide my consent, as may be required, to allow Namaygoosisagagun First Nation to request and release information about myself to government and other relevant agencies in order to determine my partner's eligibility to receive Educational Assistance.

AFFIDAVIT

I, _____ of the City of _____ in the District of _____
(Common-law partners name)

_____ hereby make oath and say as follows:

That I have been living in a common-law relationship with _____ since _____ 20_____
(student name)

- 1) That there is/are a child/children from our union, namely _____, _____, _____, and _____, of whom we are the natural parents.

_____ APPLICANT

Signatures

_____ SPOUSE

Witness before me
at the City of _____
in the District of _____
this _____
day of _____, 20____



Signature of Witness (must not be a relative)

Name (please print)

Address

Protection of privacy

The information on this form is collected under the authority of the Namaygoosisagagun First Nation. Namaygoosisagagun First Nation uses relevant personal information on this form to administer Post-Secondary Assistance payments for the purposes of determining eligibility, verifying the application and calculating entitlements. The personal information may be disclosed to employees of Namaygoosisagagun First Nation, the federal government, and ministries of the Ontario government for the purpose of notification and verification of the application of any award. If you have any questions about the collection, use, and disclosure of this information, please contact Namaygoosisagagun First Nation, General Delivery, Collins, ON, POV 1M0, 1-807-626-1780