

**1 - POST SECONDARY FUNDING APPLICATION CHECKLIST**

Only complete funding applications, submitted as ONE COMPLETE PACKAGE, will be processed. The following checklist itemizes the requirements for a complete application.

Please INITIAL each below

1. Read the “GGC Post-Secondary Education Program Policy” and understand \_\_\_\_\_\_\_\_

the student responsibilities & sponsorship requirements;

1. Post-Secondary Education Funding Application Form \_\_\_\_\_\_\_\_
2. Letter of Intent \_\_\_\_\_\_\_\_
3. Budget \_\_\_\_\_\_\_\_
4. Copies of Program Outline and Course Descriptions (no hyperlinks) \_\_\_\_\_\_\_\_
5. Official Letter of Acceptance from Post-Secondary Institute \_\_\_\_\_\_\_\_
6. Proof of Registration (for Continuing Students) \_\_\_\_\_\_\_\_
7. Post-Secondary Student Contract \_\_\_\_\_\_\_\_
8. Living Arrangements Form (if applicable) \_\_\_\_\_\_\_\_
9. Release Form for Student Records \_\_\_\_\_\_\_\_
10. Post-Secondary Institute Release Form \_\_\_\_\_\_\_\_

1. Copy of Status Card (front & back) \_\_\_\_\_\_\_\_
2. Copy of birth certificate for dependent child(ren) \_\_\_\_\_\_\_\_
3. Transcripts *(Original documents only - photocopies not acceptable)* \_\_\_\_\_\_\_\_

1. Direct deposit authorization form and void cheque or bank authorization \_\_\_\_\_\_\_\_

1. Submitted on or before the deadline: \_\_\_\_\_\_\_\_\_
	* May 31st for Fall and/or Winter Start
	* March 1st for Spring and/or Summer Start

|  |
| --- |
| **#2 - post-Secondary Education Funding Application Form** |
|  |  |
| **APPLICANT INFORMATION** |
| Last Name |  | First Name |  | Initial |  |  |
| Registration # |  | Date of Birth |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | Prov. |  | Postal Code |  |
| Phone |  | E-mail Address |  |
| Years lived at address |  | Social Insurance Number (SIN) |  | Emergency Contact |  |
| Marital Status | Single  | Married  | Common Law  | Separated/Divorced  |
|  |
| **SPOUSE'S INFORMATION** |
| Last Name |  | Given Name |  |
| SIN# |  | Employer |  |
| **DEPENDENTS** |
| Dependents are:  |
| Last Name | Given Names | Date of Birth | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **PROGRAM INFORMATION – Attached Course Outline (No Hyperlinks)** |
| Institution Name |  | Student Number |  |
| Program Name |  |
| Length of Program |  | Start Date |  | End Date |  |
| Occupational Field |  |
| Full Time | YES  |  | Part-time | YES  |  | Current year of program |  |
| **EDUCATION AND TRAINING HISTORY** |
|  | Name of School | Location | Duration | Completion | Certification | Band Funded? |
| High School |  |  |  |  |  |  |
| College |  |  |  |  |  |  |
| University |  |  |  |  |  |  |
| Graduate School |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
|  |
| **STUDY PLAN (COMPLETE USING YOUR SCHOOL'S CALENDAR)** |
|  | Fall Session | Winter Session | Spring Session | Summer Session |  |
| Duration  |  |  |  |  |  |
| Number of Courses |  |  |  |  |  |
| Number of Credits |  |  |  |  |  |
| FT/PT |  |  |  |  |  |
| List months for which living allowance requested: |
| Total number of months of living allowances requested: |
| **PROJECTED COMPLETION PLAN** |
| Year 1 | Number of Courses: | Number of Credits: |
| Year 2 | Number of Courses: | Number of Credits: |
| Year 3 | Number of Courses: | Number of Credits: |
| Year 4 | Number of Courses: | Number of Credits: |
| Year 5 | Number of Courses: | Number of Credits: |
| **TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:** |
| I have consulted with an academic/career counsellor: YES  NO  |
| I have made contact with the Aboriginal support worker at my institution: YES  NO  |
|  |
| **FINANCIAL PLAN** |
| **Financial Projection** |
| Estimated Costs | Current Year | Next Year |
| Tuition |  |  |
| Official Transcript Fees |  |  |
| Application Fees |  |  |
| Books/Supplies |  |  |
| Living Expenses |  |  |
| Travel |  |  |
| Special Equipment or Supplies Required for your program |  |  |
|  |
| **DECLARATION OF RESIDENCY** |
| I certify that I have been a resident in Canada for twelve months prior to this date. |
| Signature |  | Date |  |
| **CODE OF CONDUCT AND SIGNATURE** |
| I certify that my answers are true and complete to the best of my knowledge. |
| Signature |  | Date |  |
|  |  | **OFFICE USE ONLY** |  |
|  |  | Request  | Approved | Denied |  |
|  |  | (reasons attached) |  |  |  |
|  |  | Application received: |  |  |  |
|  |  | File Number: |  |  |  |
|  |  | Total # of months living allowance: |  |  |  |
|  |  | Total tuition: |  |  |  |
|  |  | Total books/supplies: |  |  |  |
|  |  | Travel |  |  |  |
|  |  | Sponsored to date: |  |  |  |
|  |  |   |  |
|  |  | Approved by (title) |   | Date |  |

**#3: Post-Secondary Student Contract**

I, have been approved for sponsorship by the

 (Student’s Name)

 Band / Education Society to attend the

 (First Nation Band Name)

 Program at the .

(Name of Program) (Name of Educational Institute)

**I understand and agree that I will adhere to the following criteria as a condition of receiving funding through the Post-Secondary Education Assistance Program that I will:**

* I will maintain a C+ grade point average;
* I will attend all classes;
* I will maintain a course load of a minimum of four courses or 12 credit hours per semester;
* I will submit:
* Fall Semester (Sept-Dec) transcripts by January 15th
* Spring Semester (Jan-Apr) transcripts by May 15th
* Summer Semester (May-Aug) transcripts by September 15th;
* I will maintain contact with the Band Education Coordinator throughout the academic year, particularly if I face academic or person difficulties during the year;
* I will maintain contact with the educational institution’s First Nations Education Coordinator (if applicable), particularly if I face any academic of personal difficulties during the year;
* I will use the funds I receive only for the purposes for which they are intended (tuition, books, equipment & supplies, transportation, and reasonable living expenses);
* I will truthfully disclose all financial and academic information to the Band / Education Society.

**I understand that if I breach any of the above terms, the Band / Education Society has the right to terminate my funding under the Post-Secondary Assistance Program.**

**Signature of Student Date Signed**

**Signature of Education Coordinator Date Signed**

**#4: Living Arrangements Form**

**Living Arrangements While Attending Post-Secondary School:**

**This form will help you and you Education Coordinator arrange appropriate living conditions conducive to your goal of obtaining your Post-Secondary education and maintain communication with your Education Coordinator for your safety. It will also help you to budget your living allowance wisely and will clarify for your Education Coordinator that role that he/she will play in your housing arrangements (dormitory expenses are invoiced directly to the Band).**

Please put a check mark and rental cost by the appropriate dwelling type. If you do not have the exact cost, an estimate will be sufficient until you have confirmed your living arrangements:

|  |  |  |
| --- | --- | --- |
| **Dwelling Type** | **✓** | **Estimated Cost** |
| I will be living in a College or University Dormitory |  |  |
| I will be living in an Apartment Building |  |  |
| I will be living at my Parents or Relatives Home – Room & Board |  |  |
| Other – Please Specify |  |  |

**\*\*\*** If you are living in a dormitory, please provide proof of your acceptance and costs associated therein, as soon as possible, so your Education Coordinator can help you to secure your place in the residence. **\*\*\***

**MAILING ADDRESS OF DWELLING**

Box or Street Address City Province Postal Code

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Proprietor/ Landlord/ Dorm Rep. Name Telephone Number

|  |  |
| --- | --- |
|  |  |

**#5: Release Forms – Student**

I have read the Confidentiality section in the Post-Secondary Education Assistance Program Policy.

I understand that the release of confidential information is sometimes necessary in order for students to receive funding in a timely manner or for the efficient and effective administration of the Post-Secondary Assistance Program.

I understand that this release only enables the Band / Education Society to conduct statistical analysis to improve program delivery, and that it does not give the Band / Education Society the right to release confidential information to third parties for monetary consideration (i.e. The Band / Education Society will not sell student records to marketing agencies).

I further understand that if my personal and academic records are used for statistical purposes, that my name or any other information that would identify me as an individual will not be released.

I agree to release to the Band / Education Society academic transcripts, records of employment, income tax return assessment, or bank account information, when requested to do so, provided that the information is used strictly for administering that Post-Secondary Education Assistance Program.

I have read and understand the above.

Signature of Student Date Signed

Signature of Education Coordinator Date Signed

**#6: Release Forms to Post Secondary Institution**

PSE Institution Name & Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Attention: Office of the Registrar**

To Whom It May Concern:

As a student assisted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Band, I hereby authorize the above named post-secondary education institution to release all transcripts, attendance records and other documents indicative of my progress to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Band.

Student Name:

Student Number:

Program of Study:

School Year:

Please forward the above mentioned documentation as they become available to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Band

[Address]

Attention: [contact name]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature Date

**#7 – DIRECT DEPOSIT AUTHORIZATION**

* Please complete this form and return it to Education Department/Coordinator.
* Be sure to include a voided (Cancelled) cheque from your account or direct deposit information from your financial institution. The details from the cheque or bank advice slip will be used to verify the account details.

|  |  |
| --- | --- |
| **Payee or Company Name:** | **PHONE NUMBER** |
|  |  |
| **Address:** | **City/Province :** |
|  |
| **Email Address for payment notification:** |

**Bank / Financial Institution and Transit Number:**

**Primary Account Number:**

I authorize the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Band / Education Department and the above Financial Institution to deposit payments automatically into my account in settlement of invoices outstanding. This authorization may be cancelled at any time upon written notice. Any changes in the account information will need to be communicated immediately to avoid potential delays in processing payments.

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACH BLANK VOIDED CHECK**

**PLEASE ATTACHED VOID CHEQUE OR BANK PRINT OUT**

**FORM – FOR EDUCATION COORDINATORS**

1. Post-Secondary Student Information Form for Indigenous Services Canada – Education Information System (EIS)

**#8 - POST SECONDARY STUDENT INFORMATION (EIS)**

**Please complete all fields in order to avoid errors on your Annual Register of Post-Secondary Education Report – DCI 4016769**

|  |  |
| --- | --- |
| FISCAL YEAR: |  |
| NAME |  |
| DATE OF BIRTH |  |
| IRS # (Status #) |  |
| # of Dependents:0 1 2 3 4 5 6 (\_\_\_\_) | MARITAL STATUS: Single Married/Common Law |
| **POST SECONDARY INFORMATION:** |
| INSTITUTION |  |
| ADDRESS |  |
| PHONE # |  |
| **Circle one:** | Full Time Part Time |
| SEMESTER(S) ATTENDING:Spring: May & JuneSummer: July & August | **Circle all that apply**Fall: September to DecemberWinter: January to April |
| PROGRAM START DATE | (YEAR/MONTH/DAY) |
| ACADEMIC PROGRAM LENGTH (# Years) | **Circle one:**1 2 3 4 5 |
| LEVEL OF EDUCATION SOUGHT: | **Circle one:**UCEP Certificate Diploma Bachelor Masters Doctorate |
| AREA OF STUDY - Category(refer to Job Aid) |  |
| AREA OF STUDY – Sub Category (refer to Job Aid) |  |
| **FUNDING INFORMATION:** |
| **COSTS:** | **Spring** | **Summer** | **Fall** | **Winter** | **Totals** |
| **Living Allowance** |  |  |  |  |  |
| **Tuition** |  |  |  |  |  |
| **Books** |  |  |  |  |  |
| **Materials & Supplies** |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total $** |  |  |  |  |  |
| **Please note – Program Administration Cost CANNOT exceed 10%** |
| **PROGRAM ADMINISTRATION $:** |
| **STUDENT ACHIEVEMENT:** |
|  | **Spring** | **Summer** | **Fall** | **Winter** |
| **Circle one for each Semester the student attends:** | Graduated | Graduated | Graduated | Graduated |
| Completed semester with satisfactory academic standing | Completed semester with satisfactory academic standing | Completed semester with satisfactory academic standing | Completed semester with satisfactory academic standing |
| Did not complete semester in good standing | Did not complete semester in good standing | Did not complete semester in good standing | Did not complete semester in good standing |
| Did not complete semester due to exceptional circumstances | Did not complete semester due to exceptional circumstances | Did not complete semester due to exceptional circumstances | Did not complete semester due to exceptional circumstances |
| Dropped-out | Dropped-out | Dropped-out | Dropped-out |
| STUDENT’S ACADEMIC YEAR JUST COMPLETED: **Circle for each semester the student attends** |
|  | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_