

SUBMIT FORM BY MAIL, EMAIL, OR FAX TO:

36 Semo Road
Garden Village, ON P2B 3K2
P: 705-497-1201 F: 705-497-0227
email: wendyl@nfn.ca

FOR OFFICE USE ONLY

Date Received: _____

Priority: _____

Approved:
YES () NO ()
Reason: _____

Authorized Signature: _____

Date: _____

NOTES: _____

PART TIME POST SECONDARY STUDENT APPLICATION FORM

*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 #:
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Qualification Sought:

Trade Certificate College Certificate College Diploma

University Undergraduate University Graduate

E. Student Income:Employed: P/T F/T Self-Employed Unemployed Student No IncomeType of Income: Social Assistance/Ontario Works Employment Insurance
 Disability WSIB
 Pension (specify) _____Are you able to contribute to your own education expenses? Yes No

Explain:

F. Other Contribution(s):Employer Contribution Yes No \$ _____ Explain: _____Other _____ Yes No \$ _____ Explain: _____**G. 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.

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 other authorized 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

*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 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.