FOR OFFICE USE ONLY

Date Received:

Priority:___

Approved: YES () NO ()

Reason:



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

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 1^{st} – March 31^{st} , and are subject to the availability of funds.						
A. Applicant's Information	:					
First Name:	Middle Name(s):	Last Name:	Authorized Signature			
			Date:			
Male Female	D.O.B. YYYY /MM /DD	10 Digit Band Registry No.	NOTES:			
Mailing Address:		Phone No.	_ -			
Mailing Address.		FIIOTIE INO.				
City:	Prov. Postal Cod	de:				
		Alternate No.				
Email address (mandatory):						
. ALL DOCUMENTS LISTE	D MUST BE SUBMITTED WIT	H APPLICATION				
Attached						
	ots (ONLY if you attended prior y	ears)				
Course Registration or Cla	ass Schedule or Course outline Invoice or Estimate from school					
☐ Tuition ree Statements or	THANGE OF ESTILIPING HOLLI SCHOOL					
Your application wi	ll be returned if you have not inc	cluded these documents.	<u> </u>			
Education:						
Please check one:	Continuing Doct Consulation	C+l +				
New Post-Secondary Student ☐ Continuing Post-Secondary Student ☐ Mature Student (did not graduate High School) ☐ Post-Secondary Graduate returning						
☐ Mature Student (did not graduate High School) ☐ Post-Secondary Graduate returning Have you received Post-Secondary Education funding before?						
Nipissing First Nation Education I	,					
Government Funding (ex. OSAP): Tyes No						
Other Sources (specify):						
If you have attended Post-Secondary, when did you last attend?						
What did you take?						
Did you graduate? Yes] No					
. Education:						
College/University you will be att	ending:		Tl			
Program/Major:		Student #:				
Qualification Coughts						
Qualification Sought: Trade Certificate	☐ College Certificate	☐ College Diploma				
☐ University Undergraduate	☐ University Graduate	Additional Qualifications				
	Offiversity draduate	Additional Qualifications	1			

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COLLEGE STUDENTS ONLY		UNIVERSITY STUDENTS ONLY			FOR OFFICE USE ONLY		
How many Courses are you requesting to		How many credits does it take to complete?			NOTES:		
complete your program?		from your program?					
How many Courses have you completed as of		How many credits have you earned as of					
today?		today?					
Fill in the course(s) you are requesting funding		Fill in the course(s)					
for during this fiscal year April 1st – March 31st.		- March 31 st .	for during this fiscal year April 1 st – March 31 st .				
Course Code	Start Date	End Date	Course Code	Start Date	End Date		
What is your expect	ted date of con	npletion?	What is your expected date of completion?				
Please explain you	ır education p	lan until your	completion day. –	Examples: Why	are you		
			n on starting full time s		,		
Does your course run independently? Add a page if needed. (Max 1 page)							
						. 1	

^{*}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

E Charles I I and	Page 3 of 3					
E. Student Income:						
Employed: P/T Self-Employed Unemployed Student	☐ No Income					
Type 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:						
Other Contribution (1)						
Other Contribution(s):						
Employer Contribution Yes No \$ Explain:						
Other Yes No \$ Explain:						
I. Collection of Personal Information and Consent to Access and/or R	elease					
In signing below, I understand that the information collected on this form will be use	ed to establish and maintain a					
Nipissing First Nation Education Department Student Record for the purposes of p	3					
services to the student, including processing this Application Form, evaluating the e the student's qualifications for funding, and supervising the student's academic ac	•					
may also be used for statistical purposes.						
☑ I will allow the Nipissing First Nation Education Department to exchange pertinent						
selected educational institution,,,						
Name of Institution) (Student #) ☑ Nipissing First Nation Departments.						
· · · · · · · · · · · · · · · · · · ·	ibility for					
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.						
Signature of Student AMa cannot proceed the request with out a signature.)oto					
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 requested, to:	educational information, if					
a) My immediate family (applies to spouse, parent or guardian, grandparent, sibling	or child)					
☐ Yes ☐ No						
h) Who is not a mambar of my:	mmediate family					
b)Who is not a member of my i (Name of other authorize person)	пппсиас таппу					
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 Education Department is true and correct. When I have completed or withdrawn from	, -					
Education Department is true and correct. When I have completed or withdrawn from to advise the Nipissing First Nation Education Department within a reasonable timefral	,					
may result in an overpayment, and you may be required to repay NFN.						
Χ						
X Signature of Student (We cannot process the request without a signature here)	Date					