

TEMAGAMI FIRST NATION POST SECONDARY PROGRAM
APPLICATION FOR PART-TIME FUNDING FORM

Student Information:

Surname: _____ Given Name: _____
Status No.: _____ Birth Date/Age: _____
Home Address: _____ School Address: _____

Home Phone: _____ School Phone: _____
Email: _____ School Email: _____

Program Information:

Educational Program Enrolled or Accepted into: _____

Educational Institute: _____

City/Prov: _____

Program Type: College: _____ University: _____ Graduate: _____ Other: _____

Full-Time _____ Part-Time _____

Certificate _____ Diploma _____ Degree _____ Other _____

Length of Program: 1 2 3 4 years

Year of Study: 1st 2nd 3rd 4th

Expected Graduation Date: _____

I certify that the above information is correct. I understand that it is my responsibility to inform the Temagami First Nation Education Director of any changes with regard to the above information. Failure to do so may result in termination of sponsorship.

Student Signature

Date

TEMAGAMI FIRST NATION POST SECONDARY PROGRAM

STATEMENT OF INTENT

DATE: _____

Name: _____

Institute Attending: _____ Program: _____

Qualification sought: _____ Program Length: _____

Why have you selected this program and what are your future goals and job prospects? (Attach an additional sheet if required)

I acknowledge that I have read and understand the policies contained in Temagami First Nation's Post Secondary policies and procedures manual and will abide by it.

Student Signature

Date

DOCUMENT RELEASE FORM

Institute name:

Attention: Office of the Registrar:

To whom this may concern:

As a student assisted by the Temagami First Nation, I hereby authorize the above mentioned educational institute to release all transcripts, attendance records and all other documents indicative of my progress to the sponsoring agency.

Student Name: _____

Student Number: _____

Program: _____

For School Year: 2015 - 2016

Please forward all transcripts and other academic documentation, as they become available, to the following address:

Temagami First Nation
Bear Island, Lake Temagami
Ontario P0H 1C0

ATTN: Education Manager

Student Signature

Date

TEMAGAMI FIRST NATION POST SECONDARY PROGRAM

RESPONSIBILITIES OF STUDENT FORM

Student Name: _____

As a sponsored student of Temagami First Nation I agree to:

1. Represent Temagami First Nation in a positive holistic manner at all time.
2. Take an active interest in my studies and perform to the best of my abilities.
3. Attend classes regularly.
4. Successfully complete my program of study.
5. Submit a copy of registered class schedule to the TFN Education Director within two weeks of receipt each semester.
6. Submit a transcript of marks to the TFN Education Director within two weeks of release from the Institution I am attending each semester.
7. Provide my email address to the TFN Education Director within two weeks of the start of school.
8. Send an email to the Education Director one week before the end of each sponsored month to report on school progress.
9. Carefully read and comply with all conditions contained in this policy manual.
10. Notify TFN Education Director in writing of any program or course transfers or withdrawals.

Student Signature

Date