

APPLICATION DEADLINE MAY 31
TEMAGAMI FIRST NATION

APPLICATION FORM
FOR

POST-SECONDARY EDUCATION
FINANCIAL ASSISTANCE



Temagami First Nation, Education Services

General Delivery, Bear Island

Ontario P0H 1C0

T 705 237-8982

STUDENT'S NAME

DATE RECEIVED BY TFN

STUDENT RESPONSIBILITY FORM

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 Temagami First Nation Education Manager within two weeks of receipt each semester.
6. Submit a transcript of marks to the Temagami First Nation Education Manager within two weeks of release from the Institution I am attending each semester.
7. Provide my email address to the Temagami First Nation Education Manager within two weeks of the start of school.
8. Provide their school email address to the Education Manager within two weeks of the start of school. Send an email to the Education Manager on the 15th of each sponsored month to provide a report on school progress to ensure funding continues.
9. Carefully read and comply with all conditions contained in this policy manual.
10. Notify Temagami First Nation Education Manager in writing of any program or course transfers or withdrawals.

Student Signature

Date

POST SECONDARY EDUCATION FORMHAVE YOU PREVIOUSLY RECEIVED EDUCATIONAL ASSISTANCE FROM TFN? ☐ YES ☐ NOIF YES, DID YOU COMPLETE THE PROGRAM: ☐ YES, WHAT PROGRAM _____☐ NO - IF NO, WHY DIDN'T YOU COMPLETE? _____Student Identifier: HIGH SCHOOL GRAD ☐ CONTINUING ☐ MATURE ☐ RETURNING ☐ DEFERRED ☐HAVE YOU TRANSFERRED A PROGRAM WITHOUT COMPLETING THE FIRST PROGRAM? ☐ YES ☐ NO

IF YES, WHAT PROGRAM DID YOU TRANSFER FROM _____

TO _____ YEAR _____

STUDENT PROFILE

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

DATE OF BIRTH _____ S.I.N. _____ STATUS # _____

PERMANENT ADDRESS _____

CITY/TOWN _____ P.C. _____

ADDRESS WHILE ATTENDING SCHOOL: _____

CITY/TOWN _____ P.C. _____

PHONE # (CURRENT) _____ PHONE # (PERMANENT) _____

EMAIL: _____ SEX ☐ M ☐ FMARITAL STATUS: ☐ SINGLE ☐ MARRIED/CommonLaw ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED**DEPENDANTS RESIDING WITH APPLICANT**

NAME	AGE (mm/dd/yyyy)	RELATIONSHIP	IN SCHOOL?

NAME OF NEXT OF KIN _____ RELATIONSHIP _____

ADDRESS _____ POSTAL CODE _____

PHONE _____

BANKING INFORMATION (For Direct Deposit Purposes) OR ☐ Email voided cheque OR ☐ Complete info. below.
(Tip: If you have online banking most banks offer this online service to retrieve this information).

NAME OF BANK _____

ACCOUNT # _____ TRANSIT # (5 Digits) _____ INSTITUTION # (3 Digits) _____

LOCATION OF BANK _____ PROVINCE _____

PREVIOUS EDUCATION AND TRAINING

School / Training	Name	Location	Program Completed		Year of Completion	Certificate / Diploma / Degree Received
			Yes	No		
Secondary/ High School						
Community College						
Technical Institute						
Private						
University						
Other (Specify)						

POST-SECONDARY INSTITUTION INFORMATION

NAME OF INSTITUTE ACCEPTED TO: _____

ADDRESS _____

PHONE _____ FAX _____

INSTITUTION TYPE ☐ COLLEGE ☐ UNIVERSITY ☐ UNIVERSITY COLLEGE ☐ OTHER INSTITUTION

SESSION APPLIED FOR ☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER

ARE YOU STUDYING? ☐ FULL-TIME ☐ PART-TIME ☐ FLEX-TIME (as determined by the institution attending)

PROGRAM/COURSE: _____ AREA OF STUDY: _____

DOES YOUR PROGRAM REQUIRE: ☐ INTERNSHIP ☐ PRACTICUM ☐ CO-OP ☐ APPENTICESHIP

☐ OTHER ☐ IF YES, EXPLAIN: _____

QUALIFICATION SOUGHT

☐ COLLEGE TYPE DIPLOMA/CERTIFICATE

☐ UNDERGRADUATE (E.g. Bachelor degree; first professional degree; university type certificate or diploma)

☐ GRADUATE (E.g. License graduate; Master's degree and qualifying year; PhD and qualifying year; earned Doctorate; graduate level certificate or diploma)

☐ OTHER - Please Describe _____

LENGTH OF PROGRAM (per institute) ☐ 1 yr. ☐ 2 yr. ☐ 3yr. ☐ 4yr.

WHAT YEAR OF STUDY ARE YOU IN? _____ YEAR(S) OF SPONSORSHIP REQUESTED _____

WHAT IS YOUR EXPECTED YEAR OF GRADUATION? _____

HAVE YOUR RECEIVED AN ACCEPTANCE LETTER FROM THE INSTITUTE? ☐ YES ☐ NO

IF NO, PLEASE EXPLAIN _____

IF YES PLEASE SEND TO EDUCATION MANAGER ALONG WITH THIS APPLICATION.

The information you provide on this document is for the purpose of researching and administering post-secondary student financial assistance. Personal information that you provide is protected under the provisions of the Privacy Act.

TEMAGAMI FIRST NATION POST-SECONDARY EDUCATION FUNDING REQUESTDO YOU REQUIRE LIVING ALLOWANCE? ☐ YES ☐ NO

IF YES, TOTAL MONTHLY AMOUNT? \$ _____

DO YOU REQUIRE BOOKS AND SUPPLIES? ☐ YES ☐ NO

IF YES, TOTAL AMOUNT REQUESTED? \$ _____

DO YOU REQUIRE TRAVEL ALLOWANCE? ☐ YES ☐ NO

IF YES, TOTAL AMOUNT REQUESTED? \$ _____

DO YOU REQUIRE SUPPLEMENTARY REQUEST FOR SPECIAL ASSISTANCE? ☐ YES. ☐ NO

IF YES, FOLLOW THE PROCESS OUTLINED IN 4.1 OF THE BIEA PSE POLICY MANUAL.

TUITION FEES

	FALL TERM 1	WINTER TERM 2	SPRING/SUMMER TERM 3
TUITION AMOUNT REQUESTED	\$ _____	\$ _____	\$ _____
-MINUS HEALTH INSURANCE	\$ _____	\$ _____	\$ _____
SUBTOTAL REQUEST	\$ _____	\$ _____	\$ _____
TOTAL TUITION FOR PROGRAM FOR ACADEMIC YEAR	\$ _____		

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

Student Signature_____
Date

LETTER OF INTENT (FILLABLE)

(Remember deadline date is: May 30th for the Fall/Winter start dates)

To: Lynn Mongrain, Education Manager

Re: Post Secondary Student Support Request

Sincerely,

Name of Applicant _____

Status # _____

Student # _____

Enclosures: Application Checklist (Please enclose)

☐

Letter of Acceptance from Educational Institute

☐

Most recent transcripts

☐

Responsibilities of Student Form

☐

Statement of Intent Form

☐

Copy of your status card

TEMAGAMI FIRST NATION POST-SECONDARY EDUCATION
STUDENT DECLARATION

EDUCATION SERVICES

General Delivery, Bear Island, Ontario P0H 1C0

Tel: (705) 237-8982 Fax: (705) 237-8856 Email: postsecondary@temagamifirstnation.ca

By accepting the educational funding provided by Temagami First Nation for the period _____ to _____, I hereby acknowledge and agree that I may be required to repay the educational funding allotted to me during this period, in full or in part, to the Temagami First Nation on demand if any of the following occur:

- I have withdrawn from academic post-secondary courses without informing the TFN within ten (10) days of my change in status;
- My course load drops below the minimum required to meet the full-time sponsorship requirements as deemed by the Post-Secondary Institute that I attend.
- I am deemed negligent in accordance and as outlined in Sec. 10.0 in the BIEA PSE Policy Manual.

STUDENT DECLARATION:

☐ I declare and affirm that the information provided by me on this application form is complete and correct and is given in order to substantiate my entitlement to educational financial assistance.

☐ I agree to advise the Temagami First Nation Education Department of any change in my course load, financial status, marital status, family size, or other circumstances that may affect my eligibility for benefits.

☐ I accept responsibility for satisfying the academic or training requirements of the above institution and managing the educational assistance funds to the best of my ability.

☐ I authorize the Temagami First Nation Education Department to disclose any information in this application to such source or any such reporting agency, in order to verify or confirm the information.

Signature of Applicant _____ Date _____

(if applicant is under 18 years of age)

Signature of Parent / Legal Guardian _____ Date _____

Community. Leadership. Pride.