Application for Post-Secondary funding for 2017-2018

Check list

\_\_\_\_I have completed the application in full, including stating my FULL band number

\_\_\_\_I have signed and dated the last three pages of my application

\_\_\_\_I have included my updated address phone number and email

\_\_\_\_I have included a **paper copy** (not electronic) of my transcripts either from high school (new applicant) or my marks from last semester

\*YOUR APPLICATION IS NOT COMPLETE WITHOUT YOUR TRANSCRIPTS AND CAN NOT BE CONSIDERED\* exception to this is students graduating from high school in June 2017- you will need to provide those for your file at the end of June.

\_\_\_\_I have included the **original copy** of my acceptance letter to the school I will be attending (new applicants only)

\*YOUR APPLICATION IS NOT COMPLETE WITHOUT YOUR LETTER OF ACCEPTANCE AND CAN NOT BE CONSIDERED\*

All **completed** applications, can be dropped off at the Band Hall at the front desk or mailed to:

77 French Village Road, Kingsclear First Nation NB E3E 1K6

Attention Director of Education

All applications are due on or before May 30th

**Applications will be date stamped and late applications will only be considered once on-time applications are reviewed and awarded funding.**

If you have any questions please contact Tracey O’Reilly by email:

traceyoreilly@kingsclear.ca

**APPENDIX B**

**APPLICATION FOR POST-SECONDARY EDUCATION FINANCIAL ASSISTANCE**

**BASIC STUDENT INFORMATION:**

SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GIVEN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MI: \_\_\_\_\_\_\_\_\_

BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX: \_\_\_\_\_\_\_\_

BAND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BAND # (full number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one

NEW STUDENT ( ) RE-ENROLLING ( ) APPLICATION CHANGE ( )

Please check one MARITAL STATUS:

MARRIED ( ) SINGLE ( ) COMMON LAW ( )

IS YOUR SPOUSE EMPLOYED? YES ( ) NO ( ) PART –TIME ( ) FULL-TIME ( )

DEPENDENTS (If your children are not on the Band List Birth Certificates will be required)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOME ADDRESS WHILE ATTENDING UNIVERSITY

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

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

TELEPHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESERVE RESIDENT: YES ( ) NO ( ) CANADIAN RESIDENT: YES ( ) NO ( )

PREVIOUS EDUCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What year did you graduate from high school? \_\_\_\_\_\_\_

HIGHEST GRADE COMPLETED: \_\_\_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER EDUCATION AND TRAINING:

UNIVERSITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMM. COLLEGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TECHNICAL INSTITUTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.C.E.P.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you been previously funded under Post-secondary funding? Yes ( ) No ( )**

What program of study were you funded for?

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

EDUCATION PLAN:

FULL TIME ( ) PART-TIME ( )

TYPE OF POST-SECONDARY STUDIES:

UNIVERSITY ( ) COMM. COLLEGE ( ) TECH. INSTITUTE ( )

U.C.E.P. ( ) OTHER ( )

PROGRAM: Certificate Program, BA, MA, Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIELD of STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH OF PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

START DATE OF YOUR PROGRAM ( WHEN YOU **FIRST** ENTERED YOUR PROGRAM OF STUDY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEAR OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EFFECTIVE PERIOD:

FALL SESSION ( ) WINTER SESSION ( ) INTERSESSION ( )

SUMMER SESSION ( )

CURRENT ACADEMIC YEAR ( )

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTITUTION NAME AND ADDRESS ATTENDING

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

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

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**RESIDENCY DECLARATION:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that I have been resident in Canada for 12

consecutive months prior to the date of application for funding.

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

Student Signature Date

**APPENDIX C**

**RELEASE FORM**

A. Name of Post-Secondary Institution Attending September 2017-2018 academic year.

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

B. Student Number as issued by the University indicated above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby agree to give the Education Director, Tracey O’Reilly, permission to obtain transcripts and other information as needed from the Registrar and Business Office on attendance and course registration when required. (Academic Year 2017-2018)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Declaration of Understanding**

I hereby make this application for financial assistance and accept the following conditions for sponsorship:

1. To manage the approved education assistance to the best of my ability.

2. To meet the standards required by the institution for the continuation of my studies.

3. To provide transcripts to the Education Director at the end of each semester or when required to verify continuation in a program of studies.

4. **To report any changes to my student and/or program status promptly-especially changing from full- time to part- time.**

5. **I understand that Kingsclear Post-Secondary Education Program will take action to reclaim funds in respect to tuition, allowances and living allowances received for periods of support for which I was ineligible.**

6**. I understand that any changes, misrepresentation, or omission of information is ample cause for refusal of funding by Kingsclear First Nation Post-Secondary Education Program.**

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

Student Signature Date

**Don’t forget to please attach a letter of acceptance from the Post-Secondary Institution you plan to attend. If you are a continuing student, a copy of your final transcript for the previous term will be required.**

Please return your completed application and documents to:

*Director of Education*

*Kingsclear First Nation*

*77 French Village Road*

*Kingsclear First Nation, NB*

*E3E 1K3*

***Application Deadline May 30th , 2017***