

# Post-Secondary Education Application Package



*Please return by June 30<sup>th</sup> of each year*

**Fort Nelson First Nation Education Department**

**Tel:** (250) 774-7662

**Cell:** (250) 775-0639

**Fax:** (250) 774-7655

**Toll Free:** 1 (888) 778-8778

**Contact:** Violet Markin, *Education Coordinator*

**E-mail:** violet1.markin@fnnation.ca

Enclosed is an application package for Fort Nelson First Nation’s Post-Secondary Funding. Please complete the application & include the following documentation:

<b>Documentation</b>	<b>Included</b>
Copies of documents for yourself and your dependents claimed (e.g. status cards, care cards, birth certificates)	
Official letter of acceptance from Educational Institution	
Complete course outline of program with approximate fees per semester	
Cost breakdowns of tuition, textbooks, registration and other related fees	

Your application, with all required documents, can be faxed, mailed, or delivered to the FNFN Education Coordinator. Applications received by the Fort Nelson First Nation after the budget is expended will be placed on a waiting list for funding. Incomplete applications will be placed on a pending list until all the information is received. Funding cannot be assured for applicants.

The deadline date for Post-Secondary Applications is **June 30<sup>th</sup>** of each year.

Should you require further information, please contact me.

*Sincerely,*

**Violet Markin**

Education Coordinator

## STUDENT FINANCIAL ASSISTANCE APPLICATION

Complete ALL sections of the application or it may be deemed incomplete

### PERSONAL INFORMATION:

Given Name:	Middle Name:	Surname:	
SIN#:	Date of Birth:	Gender:	Indian Registry Number:
Mailing Address:	City:	Province:	Postal Code:
Phone#:	Messages:	Email Address:	

### MARITAL STATUS: Please submit supporting documents: i.e. status card/other identification

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Dependents: _____
SINGLE and living with Parent(s)	SINGLE Person	SINGLE Parent	MARRIED/ Common-Law with Employed Spouse	MARRIED/ Common-Law with Dependent Spouse	
If Applicable: Spouse's Full Legal Name: _____		Spouse's Signature: _____			Emergency Contact #: _____

### LIST OF DEPENDENTS: Please submit supporting documents for:

FIRST NAME (& Surname if different)	DATE OF BIRTH	RELATIONSHIP	FIRST NAME (& Surname if different)	DATE OF BIRTH	RELATIONSHIP

**EDUCATION:** Provide educational history beginning with the most current program

Institute/School	Location	Program	Level Obtained

Certificates/Diploma/Degree Obtained:

What are your educational goals and objectives?

**EDUCATION PLAN PROPOSED:**

Institute/School	Address	Province	Postal Code
Program	Program Length	Year of Study	
Full Time ____ Part Time ____	Start Date	Completion Date	

Letter of acceptance provided \_\_\_\_

Upgrading \_\_\_\_ Certificate \_\_\_\_ Diploma \_\_\_\_ Bachelors \_\_\_\_ Masters \_\_\_\_ Doctorate \_\_\_\_

What are your short term goals?

What are your long term goals?

Are there any upcoming circumstances which may affect your attendance?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain in writing.

**OTHER FUNDING SOURCES/INCOME:**

Are you currently, or will be, in receipt of funding from any other source?  Yes _____ No _____	Name of Source	Amount
	Name of Source	Amount

**SPONSORSHIP TYPE REQUESTED:** Please check all that apply and provide cost estimate if possible

Tuition fees \$ _____	Registration fees \$ _____	Student fees \$ _____	Textbooks \$ _____	Monthly living allowance \$ _____
Travel (only for students moving to and back from school, provide receipts \$ _____)				Other (please specify): \$ _____
Have you previously been sponsored by FNFN? Yes _____ No _____	Have you submitted all transcripts to FNFN? Yes _____ No _____		Have you completed the program? Yes _____ No _____	
If you have not completed other FNFN educational sponsored programs, please explain:				

**BANKING INFORMATION:** This information is required for direct deposit (service only available through CIBC or BNS)

Name of Bank:		Mailing Address:		
City:		Province:	Postal Code:	
Branch#:	Account#:		Type of account: Chequing _____ Savings _____	

**CANADIAN RESIDENT:**

I, ( <i>print name</i> ) _____, certify that I have been a resident of Canada for 12 consecutive months prior to this date.
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**APPLICANT DECLARATION:**

I hereby apply for Educational Financial Assistance from the Community Education Authority, Fort Nelson First Nation. I declare that the information submitted in this application is true, correct, and complete to the best of my knowledge, and that the financial assistance sought will be used for educational purposes as set out in this application.

If I obtain funding under false pretense, I will be liable for full repayment of my education grant. I agree to abide by the *Student Responsibilities Agreement*. I understand that if I do not, that my funding will automatically be suspended, and that my funding will not be automatically renewed.

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Student's Signature

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Date

FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:

<b>Funding Application Decision:</b>
Approved ____ Rejected ____ Pending ____
Date of Meeting:
Follow-up Required:

FOR INTERNAL USE ONLY:	DATE RECEIVED STAMP:

## CONSENT FOR RELEASE OF INFORMATION

Name of Institution	
Address	
City	
Postal Code	

**ATTENTION:** Office of the Registrar

As a student assisted by the Fort Nelson First Nation, I hereby authorise the above-noted Post-Secondary Institution to release all transcripts, attendance records, and other documents indicative of my progress to the Education Coordinator of the Fort Nelson First Nation.

Student Name	
Student Number	
Program of Study	
School Year	

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

Please forward the above-noted documentation as they become available to:

**By Mail:**

Community Education Authority  
Fort Nelson First Nation  
RR#1 Mile 295 Alaska Highway  
Fort Nelson, BC V0C 1R0

**By Fax:** (250) 774-7655

Attention: Violet Markin, Education Coordinator

**By E-mail:** violet1.markin@fnation.ca



**POST-SECONDARY REPAYMENT AGREEMENT:**

I, \_\_\_\_\_, agree to attend and fully participate in (*course name*) \_\_\_\_\_.  
I acknowledge that the cost of this course and the course material(s) will be funded through the Community Education Authority of the Fort Nelson First Nation. Failure to attend or participate will result in a cost recovery in which I will be responsible to pay the full amount of the course and/or course material(s) that are funded. Failure to comply with this repayment agreement will result in my being unable to have the costs for future courses covered by the Community Education Authority of the Fort Nelson First Nation.

I, \_\_\_\_\_, hereby agree to repay and/or approve a deduction in the amount of \$ \_\_\_\_\_, to be paid to Fort Nelson First Nation Education Department.

This will only apply if failure is due to lack of participation.

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

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

Witness: \_\_\_\_\_

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

*NOTE: When repaying money to the Community Education Authority of the Fort Nelson First Nation, make the cheque or money order payable to **Fort Nelson First Nation**.*

**RELOCATION FUNDS:**

Please accept this form as my request for the relocation funds necessary to travel from my home town to (city) \_\_\_\_\_ to attend the (school) \_\_\_\_\_.

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

Further to this, please accept this as my request for travel funds to return home upon completion of the school year.

Estimated Return Date: \_\_\_\_\_

Should you require further information, feel free to contact me by phone at ( ) \_\_\_\_\_ - \_\_\_\_\_ or by e-mail at \_\_\_\_\_.

*Sincerely,*

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

**FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:**

<b>Relocation Funds Decision:</b>	
Approved ____ Rejected ____ Pending ____	
Date of Meeting:	
First Payment \$ _____	Second Payment \$ _____
Follow-up Required?	

**CHRISTMAS TRAVEL FUNDS:**

I, \_\_\_\_\_, would like to request Christmas Travel Funds to return home for Christmas.

(Please fill out the following if you have any children)

The list of my children/dependents:

Ages:

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

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

Destination: \_\_\_\_\_ to \_\_\_\_\_.

Return: \_\_\_\_\_ to \_\_\_\_\_.

Should you require further information, feel free to contact me by phone at (     ) \_\_\_\_\_ - \_\_\_\_\_ or by e-mail at \_\_\_\_\_.

*Sincerely,*

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

**FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:**

<b>Christmas Travel Funds Decision:</b>
Approved ____ Rejected ____ Pending ____
Date of Meeting:
Amount \$ _____
Follow-up Required?

## STUDENT RESPONSIBILITIES AGREEMENT:

I, \_\_\_\_\_, agree to the following terms and conditions:

- A. Maintain the appropriate course load for the funding rate requested. Full-time is a minimum of 3 courses or 9 credits per semester.
- B. Maintain a minimum GPA (grade point average) of C+ or better;
- C. Provide transcripts of grades to the Education Coordinator at the end of each term, within one month upon completion of each term;
- D. Maintain regular class attendance;
- E. Notify instructors, school, and the Education Coordinator of more than three consecutive absences, and provide a doctor's note;
- F. Provide written notice of course or program withdrawal. Withdrawal must be made prior to fee reimbursement deadline or I will be financially responsible;
- G. Advise the Education Coordinator of any changes in program, school, medical absence (with a doctor's note), and/or living arrangements that could affect funding.
- H. Advise the Education Coordinator of any address or telephone number changes in advance of moving, and ensure that current contact information is provided.
- I. And fully disclose any other funding/income that I may be receiving.

I understand and accept the terms and conditions as presented, otherwise I waive my privilege of sponsorship by the Fort Nelson First Nation's Community Education Authority.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date