



Fort Nelson First Nation | Community Education Authority

RR1 Mile 295 Alaska Highway

Fort Nelson, BC V0C 1R0

T: 250.774.7257

F: 250.774.7260

fortnelsonfirstnation.org

POST-SECONDARY EDUCATION APPLICATION PACKAGE

MUST BE SUBMITTED TO EDUCATION COORDINATOR BY JUNE 30

CONTACT:

Violet Markin, Education Coordinator

Fort Nelson First Nation Education Department

Phone: 250.774.7257

Cell: 250.775.0639

Fax: 250.774.7260

Toll Free: 1.888.543.3636

Email: violet.markin@fnnation.ca

"For as long as the sun shines, the grass grows and the rivers flow."



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

| Documentation: | Included: |
|--|------------------|
| 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 breakdown 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 30th of each year.

Should you require further information, please contact me at the above address or email me at violet.markin@fnation.ca.

Sincerely,

Violet Markin
Education Coordinator



STUDENT FINANCIAL ASSISTANCE APPLICATION

Complete all sections of the applications or it may be deemed incomplete.

PERSONAL INFORMATION:

| | | | | | |
|-------------------------|---------------|---------------|------------------------|--|--|
| Given Name | Middle Name | Surname | | | |
| Social Insurance Number | Date of Birth | Gender | Indian Registry Number | | |
| Mailing Address | City | Province | Postal Code | | |
| Phone Number | Messages | Email Address | | | |

MARITAL STATUS: Please submit supporting documents. (I.e. status card/other identification)

| | | | | | |
|--|--|--|---|---|----------------------|
| Single and Living with Parents(s) <input type="checkbox"/> | Single Person <input type="checkbox"/> | Single Parent <input type="checkbox"/> | Married/ Common Law with Employed Spouse <input type="checkbox"/> | Married / Common Law with Dependant Spouse <input type="checkbox"/> | Number of Dependants |
| Spouse's Full Legal Name: | | Spouse's Signature | | Emergency Contact Phone Number: | |

LIST OF DEPENDENTS: Please submit supporting documents for dependents.

| 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 |
|---|----------|---------|----------------|
| | | | |
| | | | |
| | | | |
| What certificates / diploma / degree have you obtained? | | | |
| | | | |
| What are your educational goals and objectives? | | | |
| | | | |
| | | | |



EDUCATION PLAN PROPOSED:

| | | | | | |
|--|--|---------|--|-------------------|-----------------|
| Institute / School | | Address | | Province | Postal Code |
| Program | | | | Length of Program | Year of Study |
| Full time <input type="checkbox"/> Part time <input type="checkbox"/> Letter of Acceptance Provided <input type="checkbox"/> Upgrading <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelors Program <input type="checkbox"/> Master's Program <input type="checkbox"/> Doctorate <input type="checkbox"/> | | | | Start Date | Completion Date |
| What are your short term goals? | | | | | |
| | | | | | |
| What are your long term goals? | | | | | |
| Are there any upcoming circumstances which may affect your attendance? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> | Name the source | Amount |
| Are you currently or will be in receipt of funding from any other source? Yes <input type="checkbox"/> No <input type="checkbox"/> | Name the source | Amount |

TYPE OF SPONSORSHIP REQUESTED: Please check all that apply and if possible provide estimated costs.

| | | | | |
|---|--|---|--|---|
| Tuition Fees <input type="checkbox"/> \$ | Registration Fees <input type="checkbox"/> \$ | Student Fees <input type="checkbox"/> \$ | Textbooks <input type="checkbox"/> \$ | Monthly Living Allowance <input type="checkbox"/> \$ |
| Travel: (Only for students moving to and back from school, provide receipts :) <input type="checkbox"/> \$ | | | | Other: (Please specify) \$ |
| Have you previously been sponsored by Fort Nelson First Nation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Have you submitted all transcripts / copy of marks to the Fort Nelson First Nation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Have you completed the program? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you have not completed other FNFN educational sponsored programs, please explain. | | | | |
| | | | | |
| | | | | |

BANKING INFORMATION: Banking information is required for direct deposit; service only available through CIBC or BNS.

| | | | | |
|----------------|-----------------|------------------|--|--|
| Name of Bank: | | Mailing Address: | | |
| City: | | Province: | Postal Code: | |
| Branch Number: | Account Number: | | Type of Account: Chequing: <input type="checkbox"/> Savings: <input type="checkbox"/> | |

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CANADIAN RESIDENT:

I, _____, certify that I have been a resident in Canada for 12 consecutive months prior to this date.

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 pretence, 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.

Signature

Date

FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:

| | |
|---|-----------------|
| Funding Application Decision: Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/> | Date of Meeting |
| Follow-Up Required: | |
| | |
| | |

FOR INTERNAL USE ONLY:

| | |
|--|----------------------|
| | Date Received Stamp: |
|--|----------------------|

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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 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 _____

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

Community Education Authority

Fort Nelson First Nation

RR1 Mile 295 Alaska Highway

Fort Nelson, BC, V0C 1R0

Fax: 250.774.7260

Attention: Violet Markin, Education Coordinator

E-mail: violet.markin@fnnation.ca

Signature

Date



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 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 Fort Nelson First Nation.

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

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

Signature

Witness

Date

Date

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



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RE: Relocation Funds

Please accept this letter as my request for the relocation funds 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 at (_____) _____ or e-mail at _____.

Sincerely yours,

Signature

Date

FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:

| | |
|--|------------------|
| Relocation Funds Decision: Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/> | Date of Meeting: |
| <input type="checkbox"/> First Payment \$ _____ <input type="checkbox"/> Second Payment \$ _____ | |
| Follow-Up Required? | |
| | |

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RE: Christmas Travel Funds

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

(Please fill out the bottom 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 at (_____) _____ or e-mail
_____.

Sincerely,

Signature

Date

FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:

| | |
|--|------------------|
| Christmas Travel Funds Decision: Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/> | Date of Meeting: |
| Amount \$ _____ | |
| Follow-up required? | |

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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 grade point average of C+ or better;
- C. Provide transcripts of marks 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 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 address and telephone number changes in advance of moving and ensure that current contact information is provided.
- I. And fully disclose any other funding that I may be receiving.

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

Signature

Date