

*APPLICATION DEADLINE MAY 15<sup>th</sup> (for Fall or Winter start dates  
or OCTOBER 15<sup>th</sup> (for Winter start date)*

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# **TEMAGAMI FIRST NATION BEAR ISLAND EDUCATION AUTHORITY**

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



Temagami First Nation  
General Delivery, Bear Island Ontario P0H 1C0  
T 705 237-8982

<b>STUDENT'S NAME</b>
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<b>DATE RECEIVED BY TFN</b>
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## 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 times and maintaining respectful relationships with education staff.
2. Take an active interest in their studies and perform to the best of their abilities.
3. Attend classes regularly. First year or probationary students must submit monthly attendance reports to Student Success Worker or Education Manager.
4. Successfully complete their program of study.
5. Submit a copy of their registered class schedule to the Education Manager and/or Student Success Worker within two weeks of receipt each semester and notify them of any change.
6. Students will meet with the Student Success Worker once per semester.
7. Submit a transcript of marks to the Education Manager and/or Student Success Worker within two weeks of release from the Institution they are attending each semester. Unofficial on-line marks are acceptable to demonstrate you are meeting the required average. Students can utilize their school accounts to provide these marks. (i.e. D2L etc.)
8. Provide their school email address to the Education Manager and/or Student Success Worker within two weeks of the start of school. Send an email to [postsecondary@temagamifirstnation.ca](mailto:postsecondary@temagamifirstnation.ca) on the 15<sup>th</sup> 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 Education Manager in writing of any program or course transfers or withdrawals.
11. Notify Education Manager or Student Success Worker should they be placed on academic probation by the educational institute they are attending.
12. Send final transcript at the end of the program with a copy of their degree/diploma to the Education Manager.

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

\_\_\_\_\_  
Date

***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***

# POST SECONDARY EDUCATION FORM

HAVE YOU PREVIOUSLY RECEIVED EDUCATIONAL ASSISTANCE FROM TFN? YES  NO

IF YES, DID YOU COMPLETE THE PROGRAM:  YES, WHAT PROGRAM \_\_\_\_\_  
 NO - IF NO, WHY DIDN'T YOU COMPLETE? \_\_\_\_\_

*Student Identifier:*

RECENT 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 \_\_\_\_\_  
 PREFERRED NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 STATUS # \_\_\_\_\_  
 PERMANENT ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ P.C. \_\_\_\_\_  
 ADDRESS WHILE ATTENDING SCHOOL: \_\_\_\_\_  
 CITY/TOWN \_\_\_\_\_ P.C. \_\_\_\_\_  
 PHONE # (CURRENT) \_\_\_\_\_ PHONE # (PERMANENT) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 MARITAL STATUS: SINGLE  MARRIED/CommonLaw

**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) voided cheque, direct deposit form OR complete information below*

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: CERTIFICATE  DIPLOMA

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

GRADUATE/POSTGRADUATE (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.  3 yr.  4 yr.  5 yr.

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

WHAT IS YOUR EXPECTED YEAR OF GRADUATION? \_\_\_\_\_

HAVE YOU RECEIVED AN ACCEPTANCE LETTER FROM THE INSTITUTE?  YES  NO

IF NO, PLEASE EXPLAIN \_\_\_\_\_

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

# POST-SECONDARY EDUCATION FUNDING REQUEST

DO YOU REQUIRE LIVING ALLOWANCE?     YES    NO

IF YES, TOTAL MONTHLY AMOUNT?    \$ \_\_\_\_\_

WILL YOU BE LIVING IN RESIDENCE?     YES    NO

IF YES, WILL YOU REQUIRE A MEAL PLAN     YES    NO

DO YOU REQUIRE BOOKS AND SUPPLIES?    YES    NO

IF YES, TOTAL AMOUNT REQUESTED?    \$ \_\_\_\_\_

DO YOU REQUIRE TRAVEL     YES    NO

IF YES, TOTAL AMOUNT REQUESTED?    \$ \_\_\_\_\_

IF YOU REQUIRE A SUPPLEMENTARY REQUEST FOR SPECIAL ASSISTANCE, PLEASE 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
<b>TUITION AMOUNT REQUESTED</b>	\$ _____	\$ _____	\$ _____
<b>-MINUS HEALTH/DENTAL INSURANCE</b>	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL REQUEST</b>	\$ _____	\$ _____	\$ _____

<b>TOTAL TUITION FOR PROGRAM FOR ACADEMIC YEAR</b>	\$ _____
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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 to the above information. Failure to do so may result in termination of sponsorship.

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

\_\_\_\_\_  
Date

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# LETTER OF INTENT (FILLABLE)

(Remember deadline dates are: May 15<sup>th</sup> for the Fall or Winter start date and October 15<sup>th</sup> for Winter start dates)

Letter of Intent

Date

To: Lynn Mongrain, Education Manager,

**Re: Post-Secondary Student Support Request**

Sincerely,

Status # \_\_\_\_\_

Student # \_\_\_\_\_

Enclosures: Application Checklist (Please enclose)

- Letter of Acceptance from Educational Institute*
- Most recent transcripts*
- Read and Signed Responsibilities of Student Form*
- Statement of Intent Form or Letter*
- 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) 237-8959 Email: [postsecondary@temagamifirstnation.ca](mailto: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

\_\_\_\_\_  
Signature of Parent / Legal Guardian  
(if applicant is under 18 years of age)

\_\_\_\_\_  
Date

Community. Leadership. Pride.

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