



# AAMJIWNAANG FIRST NATION

## EDUCATION DEPARTMENT POST-SECONDARY FINANCIAL ASSISTANCE APPLICATION

### Application Deadlines

Fall Term – May 1 : Winter Term – October 1 : Summer Term – March 1

Date:

### APPLICANT INFORMATION

Title	Legal Family Name	Middle Initials	Legal Given Name
		<b>172</b>	
Date of Birth (Month, Day, Year)	Band Number (7 remaining numbers)	Term & Year (Fall, Winter, Summer)	

### CHECKLIST

*(please ensure all supporting documents are submitted with this application)*

- Financial Assistance Application is fully completed**, dated and signed (*Original applications must be mailed or hand delivered to Aamjiwnaang Education Department*)
- A copy of your secondary school **transcript & diploma**/General Education Diploma/Academic Career Entrance Certificate or past/present post-secondary transcript
- Copy of your **status card** (front & back) or a letter from Aamjiwnaang Membership Clerk verifying your 10-digit band number
- Submit a completed **Direct Deposit Form** from your banking institution (*Canadian banking institutions only*)
- A copy of your tentative **acceptance letter** from the post-secondary institution you will be attending
- Release of Information** is fully completed, dated and signed
- Career Action Plan** is fully completed, dated and signed
- Student Contract** is fully completed, dated and signed

**REMINDER:** Please submit your **FINAL Acceptance Letter, Official copy of course schedule and fee & tuition statement**, as soon as you receive it

### APPLICATIONS ADDRESSED TO:

POST-SECONDARY

post-secondary@aamjiwnaang.ca

978 Tashmoo Avenue Sarnia, ON N7T 7H5 CANADA

P: 519 336 8410 F: 519 336 0382

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Date package completed \_\_\_\_\_



# Post-Secondary Financial Assistance Application

Full Legal Name:				
<b>CONTACT INFORMATION</b>				
Address		Mailing Address <i>(If different)</i>		Cell
<i>(Include apartment number, town/city, province/state, postal/zip code, country)</i>				Home
				Alternate
Email <i>(must be a working email)</i> :				
<b>PERSONAL INFORMATION</b>				
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Residence <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve
				Canadian Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EMERGENCY CONTACT</b>				
Name		Relationship		Contact Number
<input type="checkbox"/> I hereby grant Aamjiwnaang First Nation staff permission to communicate with the person named in my emergency contact, if I am unreachable, with regards to my post-secondary application and its process.				
<b>ACADEMIC HISTORY</b>				
<i>(please begin with your most recent, including your secondary information)</i>				
Are you a Secondary Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently in Secondary School <input type="checkbox"/> No, but achieved equivalency				
Started <i>(m/y)</i>	Finished <i>(m/y)</i>	Educational Institute/Program/Location		Program Duration      Achieved <i>(Certificate, Diploma, etc.)</i>
1.				
2.				
3.				
4.				
<b>EDUCATION PLAN</b>				
<i>(please complete the following for your first choice)</i>				
<input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Re-Enroll		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Post-Graduate
Program, Institution & Campus		Complete address <i>(town/city, province/state, postal/zip code, country)</i>		
Telephone:			Fax:	
Length of Program:		Year of Study:		Delivery: <input type="checkbox"/> Class <input type="checkbox"/> Online <input type="checkbox"/> Combined <input type="checkbox"/> Distance
Dates of Current Term   Start:			Finish:	
Expected Graduation Date <i>(month/year)</i> :		Course Type: <input type="checkbox"/> College Certificate <input type="checkbox"/> College Diploma <input type="checkbox"/> Post Diploma <input type="checkbox"/> Bachelor of Arts <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Private Institute <input type="checkbox"/> Under Graduate		
<input type="checkbox"/> I certify that all information in this document are true to the best of my knowledge.				

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



## RELEASE OF INFORMATION AUTHORIZATION

I, \_\_\_\_\_, hereby authorize the Aamjiwnaang Education Department staff of 978 Tashmoo Avenue, Sarnia, Ontario Canada N7T 7H5 to obtain, release and exchange information with

\_\_\_\_\_  
*(Name of your institution & campus location) (City, Province/State, Country, Postal/Zip Code)*

I, \_\_\_\_\_, provide my consent, for the staff of Aamjiwnaang First Nation to release information which may include my name, program of study and all financial assistance awarded to me to Federal and Provincial Governments/agencies and my First Nation Government offices/agencies.

This agreement is valid for the period of \_\_\_\_\_ to \_\_\_\_\_  
*(use dates that indicate the length of your program)*

\_\_\_\_\_  
*Student Full Legal Name*

\_\_\_\_\_  
*Witness Full Legal Name*

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

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*



## CAREER ACTION PLAN

*Every applicant is required to fully complete all areas of the student career plan prior to final approval for post secondary financial assistance.*

Name:

Secondary School: OSSD GED ACE Other (*explain other*)

Briefly describe your career goal:

How did you arrive at this decision?

What subject(s) did you earn your best grades in secondary school?

Are you on an Individual Education Plan (IEP)?

If yes to an IEP, please describe in detail what additional supports you will require as well as the date of your last assessment:

Are there any other barriers you will need to overcome to achieve a post-secondary graduation? Please explain.

Is your present college/university choices related to your career goal and continuation of your secondary school training? Please explain.

Briefly describe the post-secondary education process in length of time to attain your career goal:

List other funding resources you are aware that may access to help offset education expense not covered by Aamjiwnaang Education Department.

List all relevant employment opportunities for the career you have chosen: (*Where do you want to/could you work*)

What is the average starting salary for your chosen career?

*Signature*

*Date*



## STUDENT CONTRACT

As a recipient of the Aamjiwnaang Education Post-Secondary Financial Assistance Program, I recognize I have a role and responsibilities are expected of me. I have/will read the Post-Secondary Financial Assistance Policy and have a thorough understanding of the policy prior to the first day of classes. Furthermore, I agree to the following conditions:

- The financial assistance awarded to me will be used to the very best of my ability in gaining my post-secondary education/professional career.
- I will arrive to all scheduled classes on time and maintain good attendance.
- I will write all required tests and examinations for my program of studies.
- Within 21 days of each completed term, I will forward my grade report/marks/transcript to the Aamjiwnaang Education Post-Secondary Department and/or provide when requested.
- I am expected to meet with and maintain regular contact with my assigned counsellor. My contact information (address, telephone and email address) will be updated regularly.
- Prior to adding or dropping a course or withdrawing from school I will seek advice and agreement from my counsellor.
- I will seek additional assistance from my school counsellor/advisor/program administrator when facing academic or personal difficulties.
- Upon graduation I will forward a copy of my certificate, diploma or degree to the Aamjiwnaang Education Post-Secondary Department.
- In the event of an overpayment or accepting funds when I no longer qualify for financial assistance; I forfeit my right to further financial assistance until all funds have been repaid.
- I have read and agree to the conditions as stated above and acknowledge that failure to comply with the above conditions, will affect my eligibility for further financial assistance.

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*Signature*

*Date*



## FOR OFFICE USE ONLY

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Status Card       | <input type="checkbox"/> Direct Deposit <i>(Canadian Bank Institutions Only)</i> | <input type="checkbox"/> US Bursary Information |
| <input type="checkbox"/> OSSD/GED/ACE      | <input type="checkbox"/> OSSD Transcript   | <input type="checkbox"/> Grade Reports          |
| <input type="checkbox"/> Acceptance Letter | <input type="checkbox"/> Course Schedule & Fee/Tuition Statement                 | <input type="checkbox"/> Tuition Statement      |

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

Date all above submitted: \_\_\_\_\_

**Priority**

**Level**

Counsellors Notes:

## AUTHORIZATION

Recommended:

Not Recommended:

\_\_\_\_\_  
Counsellor's Signature

\_\_\_\_\_  
Date

Approved:

Not Approved

\_\_\_\_\_  
Authorizing Officer Signature

\_\_\_\_\_  
Date

Data Entry Date: \_\_\_\_\_