



**Seine River First Nation
Post Secondary Assistance Application**

P.O. Box 124 Mine Centre, ON P0W 1H0

Tel: 807.599.2224 Fax: 807.599.2865

www.seineriverfirstnation.ca



1. Have you applied for Post Secondary Funding in years previous? Yes No
What was the year you last received funding? _____ part-time __ full-time __

2. Personal Data

Full Name: _____

10 Digit Status Registry Number _____ Date of Birth: _____

Marital Status (check applicable)

Dependent meaning child under the age of 18 years living in your household

Single: ____ Single w/Dependents : ____ Married w/dependents (employed Spouse) ____

Married w/dependents (unemployed spouse) ____ Married w/no dependents: ____

Spouse Name: (if applicable) _____

Names of Dependents (if applicable)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

3. Mailing Address:

Telephone Number: () _____ Cell Number: () _____

Email Address: _____

4. Previous Education & Training - State the year of schooling completed

Institute Name	Program & Length (yrs.)	Date (completed/graduated)

5. Educational Plan and Goal

Name of Institute applying to: _____

Campus Location: _____

Intended start date _____ Expected Graduated Date _____

Program Type: Please circle applicable type

Certificate Diploma Bachelor Master's Doctorate Other

Year One

Please list your planned course load (first semester to last semester of program type)

Semester 1	Semester 2	Semester 3	Semester 4

Year Two

Semester 5	Semester 6	Semester 7	Semester 8

Year Three

Semester 9	Semester 10	Semester 11	Semester 12

6. Consent to Release Information

Mandatory to be signed every returning semester

Student Name: _____ Date: _____
Address: _____ Student # _____
Phone # _____

I, _____ hereby authorize _____
to give the Seine River First Nation Education Coordinator information regarding my
attendance, effort, progress and transcripts.

Student Signature: _____ Date: _____

Oath of Confidentiality:

Education Coordinator to sign every semester

I, _____ as the Education Coordinator of Seine River
First Nation, do hereby swear that all information received about the above named
student will be kept in the strictest of confidence. I fully understand the implications of
releasing information about the above named student to any source other than those
discussed with the student.

Education Coordinator Signature

Date

7. Seine River First Nation Post Secondary Student Contract

to be signed every semester

In the event that I receive educational assistance from the Seine River First Nation for Post-Secondary Educational purposes, I _____ do hereby agree to the following terms and conditions:

- I understand that I am to attend classes on a regular basis, satisfy all course Requirements, to meet and maintain an acceptable grade for the Academic Institution being attended;
- I understand that I must be enrolled in a minimum of four (4) courses per semester and that I must maintain a grade point average of 2.60;
- I understand that this is my responsibility to inform to the Seine River First Nation Education Coordinator if problems arise making it difficult to fulfill the above requirements;
- I understand that the Seine River First nation Education Coordinator has the right to see progress and attendance reports set forth by the Academic Institution being attended;
- I understand that it is my responsibility to submit my official transcripts to the Seine River First Nation Education Coordinator **within four (4) weeks of semester completion**;
- I understand that in the event that I receive education funds under false pretences, I will be liable to repay the full amount or any designated portion of the total amount to the Seine River First Nation Education Department;
- I understand that if I don't pass courses sponsored by the Seine River First Nation Education Department, that the same course name(s) will not be sponsored by the Seine River First Nation Education Department in the future semesters.
- I understand that if I fail all courses in a semester that I would be expected to repay the cost of tuition, books, and or living allowance, or self sponsor myself for one (1) year before funding by the Seine River First Nation Education Department can be considered;
- I understand that if I fail to attend classes in a semester and do not inform the Seine River First Nation Education Department, that I will be expected to repay the cost of tuition, books and the living allowances;

I have read and understood the Seine River First Nation Post Secondary Policies as presented to me.

Student Signature

Print Name

Date

Education Coordinator

Signature Print Name

Date

8. Seine River First Nation Post-Secondary Direct Deposit Information

Student name: _____ Date: _____

Mailing Address:

Phone# _____ Other Phone # _____

To be completed by Bank Institution only or provide a Voided Cheque

Bank Name:

Bank Address:

Bank Number: _____ Transit Number: _____

Bank Account Number:

9. Please provide a brief outline of your intent of your objectives and goals in ensuring a successful academic program.

10. With your initial application, in order to be considered for post-secondary funding, all students **MUST** provide the Education Department with copies of the following:

- | | | |
|--|-----|----|
| ✓ Copy of Status Card (front and back) | Yes | No |
| ✓ All Transcripts prior to date of application | Yes | No |
| ✓ Letter of Acceptance from College or University | Yes | No |
| ✓ Program Information of course | Yes | No |
| ✓ Confirmation of Course list & schedule | Yes | No |
| ✓ Student Release of Information (signed by student) | Yes | No |
| ✓ Student Contract (signed by student) | Yes | No |
| ✓ Direct Deposit form completed or voided cheque | Yes | No |

I, _____ hereby swear that the information provided by myself in this package is true, and in the event of false information presented by myself, that I will be liable to repay the full amount or any designated portion of the total amount to the Seine River First Nation Education Department.

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Applicant Signature

Dated