



1 - POST SECONDARY FUNDING APPLICATION CHECKLIST

Only complete funding applications, submitted as ONE COMPLETE PACKAGE, will be processed. The following checklist itemizes the requirements for a complete application.

Please INITIAL each below

1. Read the "GGC Post-Secondary Education Program Policy" and understand the student responsibilities & sponsorship requirements; _____
2. Post-Secondary Education Funding Application Form _____
3. Letter of Intent _____
4. Budget _____
5. Copies of Program Outline and Course Descriptions (no hyperlinks) _____
6. Official Letter of Acceptance from Post-Secondary Institute _____
7. Proof of Registration (for Continuing Students) _____
8. Post-Secondary Student Contract _____
9. Living Arrangements Form (if applicable) _____
10. Release Form for Student Records _____
11. Post-Secondary Institute Release Form _____
12. Copy of Status Card (front & back) _____
13. Copy of birth certificate for dependent child(ren) _____
14. Transcripts (*Original documents only - photocopies not acceptable*) _____
15. Direct deposit authorization form and void cheque or bank authorization _____
16. Submitted on or before the deadline:
 - May 31st for Fall and/or Winter Start
 - March 1st for Spring and/or Summer Start_____

#2 - POST-SECONDARY EDUCATION FUNDING APPLICATION FORM

Student Continuing Graduate Returning

APPLICANT INFORMATION

Last Name		First Name		Initial		
Registration #				Date of Birth		
Street Address				Apartment/Unit #		
City				Prov.		Postal Code
Phone				E-mail Address		
Years lived at address		Social Insurance Number (SIN)		Emergency Contact		
Marital Status	Single	Married	Common Law	Separated/Divorced		

SPOUSE'S INFORMATION

Last Name		Given Name	
SIN#		Employer	

DEPENDENTS

Dependents are:

Last Name	Given Names	Date of Birth	Relationship

PROGRAM INFORMATION – Attached Course Outline (No Hyperlinks)

Institution Name		Student Number	
Program Name			
Length of Program		Start Date	End Date
Occupational Field			
Full Time	YES	Part-time	YES
		Current year of program	

EDUCATION AND TRAINING HISTORY

	Name of School	Location	Duration	Completion	Certification	Band Funded?
High						

School						
College						
University						
Graduate School						
Other						

STUDY PLAN (COMPLETE USING YOUR SCHOOL'S CALENDAR)

	Fall Session	Winter Session	Spring Session	Summer Session	
Duration					
Number of Courses					
Number of Credits					
FT/PT					

List months for which living allowance requested:

Total number of months of living allowances requested:

PROJECTED COMPLETION PLAN

Year 1	Number of Courses:	Number of Credits:
Year 2	Number of Courses:	Number of Credits:
Year 3	Number of Courses:	Number of Credits:
Year 4	Number of Courses:	Number of Credits:
Year 5	Number of Courses:	Number of Credits:

TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:

I have consulted with an academic/career counsellor: YES NO

I have made contact with the Aboriginal support worker at my institution: YES NO

FINANCIAL PLAN

Financial Projection

Estimated Costs	Current Year	Next Year
Tuition		
Official Transcript Fees		
Application Fees		
Books/Supplies		
Living Expenses		
Travel		
Special Equipment or		

Supplies Required for your program		
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DECLARATION OF RESIDENCY

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

Signature		Date	
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CODE OF CONDUCT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature		Date	
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OFFICE USE ONLY

Request	Approved	Denied
(reasons attached)		
Application received:		
File Number:		
Total # of months living allowance:		
Total tuition:		
Total books/supplies:		
Travel		
Sponsored to date:		
Approved by (title)	Date	

#3: Post-Secondary Student Contract

I, _____ have been approved for sponsorship by the
(Student's Name)
_____ Band / Education Society to attend the
(First Nation Band Name)
_____ Program at the _____
(Name of Program) (Name of Educational Institute)

I understand and agree that I will adhere to the following criteria as a condition of receiving funding through the Post-Secondary Education Assistance Program that I will:

- I will maintain a C+ grade point average;
- I will attend all classes;
- I will maintain a course load of a minimum of four courses or 12 credit hours per semester;
- I will submit:
 - Fall Semester (Sept-Dec) transcripts by January 15th
 - Spring Semester (Jan-Apr) transcripts by May 15th
 - Summer Semester (May-Aug) transcripts by September 15th;
- I will maintain contact with the Band Education Coordinator throughout the academic year, particularly if I face academic or personal difficulties during the year;
- I will maintain contact with the educational institution's First Nations Education Coordinator (if applicable), particularly if I face any academic or personal difficulties during the year;
- I will use the funds I receive only for the purposes for which they are intended (tuition, books, equipment & supplies, transportation, and reasonable living expenses);
- I will truthfully disclose all financial and academic information to the Band / Education Society.

I understand that if I breach any of the above terms, the Band / Education Society has the right to terminate my funding under the Post-Secondary Assistance Program.

Signature of Student

Date Signed

Signature of Education Coordinator

Date Signed

#4: Living Arrangements Form

Living Arrangements While Attending Post-Secondary School:

This form will help you and your Education Coordinator arrange appropriate living conditions conducive to your goal of obtaining your Post-Secondary education and maintain communication with your Education Coordinator for your safety. It will also help you to budget your living allowance wisely and will clarify for your Education Coordinator that role that he/she will play in your housing arrangements (dormitory expenses are invoiced directly to the Band).

Please put a check mark and rental cost by the appropriate dwelling type. If you do not have the exact cost, an estimate will be sufficient until you have confirmed your living arrangements:

Dwelling Type	✓	Estimated Cost
I will be living in a College or University Dormitory		
I will be living in an Apartment Building		
I will be living at my Parents or Relatives Home – Room & Board		
Other – Please Specify		

*** If you are living in a dormitory, please provide proof of your acceptance and costs associated therein, as soon as possible, so your Education Coordinator can help you to secure your place in the residence. ***

MAILING ADDRESS OF DWELLING

Box or Street Address	City	Province	Postal Code

Proprietor/ Landlord/ Dorm Rep. Name	Telephone Number

#5: Release Forms – Student

I have read the Confidentiality section in the Post-Secondary Education Assistance Program Policy.

I understand that the release of confidential information is sometimes necessary in order for students to receive funding in a timely manner or for the efficient and effective administration of the Post-Secondary Assistance Program.

I understand that this release only enables the Band / Education Society to conduct statistical analysis to improve program delivery, and that it does not give the Band / Education Society the right to release confidential information to third parties for monetary consideration (i.e. The Band / Education Society will not sell student records to marketing agencies).

I further understand that if my personal and academic records are used for statistical purposes, that my name or any other information that would identify me as an individual will not be released.

I agree to release to the Band / Education Society academic transcripts, records of employment, income tax return assessment, or bank account information, when requested to do so, provided that the information is used strictly for administering that Post-Secondary Education Assistance Program.

I have read and understand the above.

Signature of Student

Date Signed

Signature of Education Coordinator

Date Signed

#6: Release Forms to Post Secondary Institution

PSE Institution Name & Address:

Attention: Office of the Registrar

To Whom It May Concern:

As a student assisted by _____ Band, I hereby authorize the above named post-secondary education institution to release all transcripts, attendance records and other documents indicative of my progress to the _____ Band.

Student Name:

Student Number:

Program of Study:

School Year:

Please forward the above mentioned documentation as they become available to:

_____ Band

[Address]

Attention: [contact name]

Student signature

Date

**#7 – DIRECT DEPOSIT
AUTHORIZATION**

- Please complete this form and return it to Education Department/Coordinator.
- Be sure to include a voided (Cancelled) cheque from your account or direct deposit information from your financial institution. The details from the cheque or bank advice slip will be used to verify the account details.

Payee or Company Name:	PHONE NUMBER
Address:	City/Province :
Email Address for payment notification:	

Bank / Financial Institution and Transit Number:
Primary Account Number:

I authorize the _____ Band / Education Department and the above Financial Institution to deposit payments automatically into my account in settlement of invoices outstanding. This authorization may be cancelled at any time upon written notice. Any changes in the account information will need to be communicated immediately to avoid potential delays in processing payments.

Signature: _____

Date: _____

ATTACH BLANK VOIDED CHECK
