

**POST SECONDARY STUDENT SUPPORT PROGRAM**

**APPLICATION FOR FUNDING**

Application Deadline Dates:

FALL TERM: June 30th

WINTER: October 31st

SPRING/SUMMER: February 28th

DATE\_\_\_\_\_\_\_\_\_\_\_STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOSQUITO GRIZZLY BEARS HEAD LEAN MAN FIRST NATION**

**Post-Secondary Application**

PRIVACY ACT STATEMENT

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The information you provide in this application is for the purpose of administering post-secondary financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT.

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It is important that you complete each section of the application thoroughly and understand the expectations that you must meet as a Post-Secondary Student. If at any time you are not sure of the process please contact the Post-Secondary Coordinator at (306)937-6120 Ext 228 or toll free at 1-866-937-6120 Ext 228.

It is your responsibility and is important that you complete all forms and have made all necessary arrangements with the eligible training institute of your choice so that all requirements for enrollment and class registration are completed on time and accurately.

**PLEASE NOTE**: Sponsorship for Post-Secondary Programs is limited.

All efforts to secure sponsorship will be made for students. However, students applying

For sponsorship are not guaranteed to have any or all their sponsorship requests met.

It is necessary that the applicant has enclosed the following information upon applying:

\_\_\_\_\_\_ Funding Application

\_\_\_\_\_\_ Letter of Acceptance/Conditional Acceptance from training institution

\_\_\_\_\_\_ Copy of Status Card or letter of membership verification

\_\_\_\_\_\_ Copy of you and your family’s health cards

\_\_\_\_\_\_ Copy of High School Transcripts or of latest institute

\_\_\_\_\_\_ **1st Year Students** must include a one page Statement of Goals

\_\_\_\_\_\_\_ **Returning Students** must put in a one page letter regarding your academic

Plan for your remaining funding months

\_\_\_\_\_ **IF THIS IS A CAREER CHANGE** Please state on a one page letter why you have changed careers. *Please note* that **all** career changes will be treated as new applications.

***\*\*\* Please note – applications will not be processed until all information is received \*\*\****

**MGBH LM FIRST NATION Post-Secondary Application**

To be eligible to receive sponsorship under the terms of the Mosquito GBHLM First Nation Post-Secondary Program, it is necessary that all applicants meet the requirements:

**PLEASE READ CAREFULLY**

Eligibility

1. Applicants ***must*** have a grade 12 or mature student equivalent Grade 12 GED
2. The program ***must*** require a minimum grade 12 entrance or mature student equivalent. (Please submit program information)
3. The program ***must*** be one academic year in length (as defined by the institution)
4. Students must be enrolled and accepted to the University or Institute of Training in the program of their choice.

\*\*Applications will be deferred if students do not apply before application deadline or if number of eligible applicants exceeds the budget. This is in accordance to the policies set in the national guidelines

Types of Assistance

1. Tuition – students’ tuition will be paid. Student will receive funds for textbooks and mandatory fees which are listed as requirements by the institution of study.
2. Living allowance will not exceed the amount set out in the budget. Where students attend a foreign institute, this will not exceed the maximum levels in Canadian funds.
3. Part-time students may receive assistance for tuition and the cost of books and mandatory fee only which are required by the institution of study.

Limits of Assistance

1. Level I - Community College and CEGP Diploma or Certificate Programs
2. Level II - Undergraduate Programs (University). These programs will lead to a degree. The programs are three or four years in length
3. Level III - Advanced or Professional degree programs (Masters). These programs are twenty-four months in length
4. Level IV Doctoral Programs

**MGBH LM FIRST NATION Post-Secondary Application**

🞏 New Student 🞏 Returning Student 🞏 Career Change 🞏 Extension

**PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surname First Name Middle Initial Year Month Day**

**Study Address**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Box / Street Town /City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province Postal Code

Telephone/ Cell ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status Number (10 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY STATUS**

Single: \_\_\_\_\_\_ Single Parent: \_\_\_\_\_ Married: \_\_\_\_\_ Common-law: \_\_\_\_\_

Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Band: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Dependent children residing with you: \_\_\_\_\_\_\_\_\_

Dependents:

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Do they reside with you?** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**PERMANENT ADDRESS**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street/Box # City**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Province Postal Code**

**SECONDARY EDUCATION INFORMATION**

Last Grade completed: \_\_\_\_\_\_\_\_\_\_ Year completed: \_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been sponsored by the Mosquito Grizzly Bear’s Head Lean Man First Nation Post-Secondary Student Support Program? YES NO

**PREVIOUS POST-SECONDARY EDUCATION (COLLEGE OR UNIVERSITY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRAM NAME/LEVEL** | **INSTITUTE** | **CREDENTIAL ACQUIRED** | **COMPLETION DATE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| \*use back for additional information | | | |

**MGBH LM FIRST NATION Post-Secondary Application**

**CURRENT POST-SECONDARY EDUCATION INFORMATION**

**\*\*\*PLEASE INCLUDE A LETTER OF ACCEPTANCE FROM THE INSTITUTION\*\*\*A COPY OF YOUR REGISTRATION\*\*TRACKING SHEET\*\***

I hereby make application for educational assistance to attend:

|  |  |
| --- | --- |
| Institution: | Location: |
| Program of Studies: | Start Date :  End Date : |
| Area of Study (Major/Minor): | Method of Delivery (Classroom/Distance/Online…) |

Current year of study in program (Returning Students only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance: Full time \_\_\_\_\_ Part time \_\_\_\_ \_\_\_\_\_ Session/Hours/Week

Have you been required to discontinue from any program in the last 2 years YES NO

If yes, please state the reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Type of Institute:**

* University 🞏 Undergraduate Degree (BA)
* Technical or Trade 🞏 University Ph. D (Masters)
* Community College (Diploma) 🞏 College Preparation
* Private Institution

**Academic Career Plan**

Please describe your long term goal(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MGBH LM FIRST NATION**

**RELEASE OF AUTHORIZATION**

I hereby authorize any information concerning my academics such as Registration and / or Mark Transcripts be released upon request to the Mosquito Grizzly Bears Head Lean Man First Nation Post-Secondary Coordinator.

Student’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term / Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MGBH LM FIRST NATION Post-Secondary Application**

**Mosquito Grizzly Bear’s Head Leanman First Nation Post-Sec Education Direct Deposit**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution#: (3 digits):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Transit # (5 digits):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

**\*\*\*PLEASE SURE TO SEND IN ALL THE REQUIRED INFORMATION, IF YOU ARE NOT SURE PLEASE CALL YOUR BANK AND INQUIRE WITH YOUR BANK REPRESENTATIVE.**

**INCOMPLETE OR INCORRECT INFORMATION CAN CAUSE DELAYS.**

If you have a chequing account please attach a blank cheque (marked VOID)

**I HEARBY AUTHORIZE MOSQUITO GRIZZLY BEAR’S HEAD LEANMAN POST SECONDARY EDUCATION TO DIRECTLY DEPOSIT INTO MY BANK ACCOUNT AS NOTED ABOVE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

|  |
| --- |
| PRIVACY ACT STATEMENT    The information you provide in this document is for the purpose of resourcing and administering Post- Secondary Financial assistance. Personal information that you provide is protected under the provision of the PRIVACY ACT. |