



## **1 - POST SECONDARY FUNDING APPLICATION CHECKLIST – Deadline May 31<sup>st</sup> 4:30 pm**

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

Please CHECK 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 ACCEPTED)**
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 31<sup>st</sup>** for Fall and/or Winter Start
  - **March 1<sup>st</sup>** 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	Emergency Contact			
		Emergency Phone			
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Separated/Divorced <input type="checkbox"/>	

### SPOUSE'S INFORMATION

Last Name		Given Name	
SIN#		Employer	

### DEPENDENTS

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	Current year of program		
Part-time			



DECLARATION OF RESIDENCY			
I _____ certify that I have been a resident in Canada for twelve months prior to this date.			
Signature		Date	
CODE OF CONDUCT AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
Signature		Date	

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 15<sup>th</sup>**
  - Spring Semester (Jan-Apr) transcripts by **May 15<sup>th</sup>**
  - Summer Semester (May-Aug) transcripts by **September 15<sup>th</sup>**
- 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 you 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/Relatives/Friends 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proprietor/ Landlord/ Dorm Rep. Name	Telephone Number
<input type="text"/>	<input type="text"/>

## **#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:

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**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	
Mailing Address	
Town & Province	
Postal Code	
Attention	

\_\_\_\_\_  
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.

<b>Payee or Company Name</b>	
<b>Phone Number</b>	
<b>Address</b>	
<b>City/Province</b>	
<b>e-Mail Address for payment notification</b>	

<b>Bank / Financial Institution and Transit Number</b>	
<b>Primary Account Number</b>	

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 CHEQUE**

## #8 - POST SECONDARY STUDENT INFORMATION (EIS)

Please complete all fields in order to avoid errors on your Annual Register of Post-Secondary Education Report – DCI 4016769

Fiscal Year					
Name					
Date of Birth					
IRS# (Status #)					
# of Dependents	0		5		
	1		6		
	2		7		
	3		8		
	4		Other:		
Marital Status	Single		Married/Common-Law		
<b>POST SECONDARY INFORMATION</b>					
INSTITUTION					
ADDRESS					
PHONE					
FULL-TIME		PART-TIME			
SEMESTER(S) ATTENDING – check all that apply					
FALL	September to December		Level of Education Sought (check one)		
WINTER	January to April		UCEP		
SPRING	May & June		Certificate		
SUMMER	July & August		Diploma		
			Bachelor		
Program Start Date (Year/Month/Day)			Masters		
Academic Program Length ( # of Years)			Doctorate		
Area of Study – Category (refer to Job Aid)					
Area of Study – Sub-category (refer to Job Aid)					
<b>FUNDING INFORMATION:</b>					
<b>COSTS:</b>	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>	<b>Totals</b>
Living Allowance					
Tuition					
Books					
Materials & Supplies					
Travel					
Grand Total					

**Please note – Program Administration Cost CANNOT exceed 10%**

PROGRAM ADMINISTRATION \$:

**STUDENT ACHIEVEMENT:**

Semester	Fall		Winter		Spring		Summer	
<b>Check one for each Semester the student attends:</b>	<input type="checkbox"/>	Graduated	<input type="checkbox"/>	Graduated	<input type="checkbox"/>	Graduated	<input type="checkbox"/>	Graduated
	<input type="checkbox"/>	Completed semester with satisfactory academic standing	<input type="checkbox"/>	Completed semester with satisfactory academic standing	<input type="checkbox"/>	Completed semester with satisfactory academic standing	<input type="checkbox"/>	Completed semester with satisfactory academic standing
	<input type="checkbox"/>	Did not complete semester in good standing	<input type="checkbox"/>	Did not complete semester in good standing	<input type="checkbox"/>	Did not complete semester in good standing	<input type="checkbox"/>	Did not complete semester in good standing
	<input type="checkbox"/>	Did not complete semester due to exceptional circumstances	<input type="checkbox"/>	Did not complete semester due to exceptional circumstances	<input type="checkbox"/>	Did not complete semester due to exceptional circumstances	<input type="checkbox"/>	Did not complete semester due to exceptional circumstances
	<input type="checkbox"/>	Dropped-out	<input type="checkbox"/>	Dropped-out	<input type="checkbox"/>	Dropped-out	<input type="checkbox"/>	Dropped-out

**STUDENT'S ACADEMIC YEAR JUST COMPLETED:**

Semester	Fall		Winter		Spring		Summer	
<b>Check one for each semester the student attends</b>	<input type="checkbox"/>	0	<input type="checkbox"/>	0	<input type="checkbox"/>	0	<input type="checkbox"/>	0
	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1
	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2
	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4
	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_