

APPENDIX B

APPLICATION FOR POST-SECONDARY EDUCATION FINANCIAL ASSISTANCE

BASIC STUDENT INFORMATION:

SURNAME: _____ GIVEN NAME: _____

MI: _____

BIRTHDATE ____ / ____ / ____

SEX: _____

BAND: _____ BAND #: _____

SIN: _____

Please check one

NEW STUDENT () RE-ENROLLING () APPLICATION CHANGE ()

Please check one MARITAL STATUS:

MARRIED () SINGLE () COMMON LAW ()

IS YOUR SPOUSE EMPLOYED? YES () NO () PART –TIME () FULL-TIME ()

DEPENDENTS (If your children are not on the Band List Birth Certificates will be required)

NAME: _____ AGE: _____ D.O.B. ____ / ____ / ____

NAME: _____ AGE: _____ D.O.B. ____ / ____ / ____

NAME: _____ AGE: _____ D.O.B. ____ / ____ / ____

HOME ADDRESS WHILE ATTENDING UNIVERSITY

TELEPHONE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

RESERVE RESIDENT: YES () NO () CANADIAN RESIDENT: YES () NO ()

PREVIOUS EDUCATION: _____

HIGHEST GRADE COMPLETED: _____

SCHOOL NAME: _____

OTHER EDUCATION AND TRAINING:

UNIVERSITY: _____

COMM. COLLEGE: _____

TECHNICAL INSTITUTE: _____

U.C.E.P.: _____

OTHER: _____

PREVIOUS NUMBER OF TRAINING MONTHS PROVIDED:

EDUCATION PLAN:

FULL TIME () PART-TIME ()

TYPE OF POST-SECONDARY STUDIES:

UNIVERSITY () COMM. COLLEGE () TECH. INSTITUTE ()

U.C.E.P. () OTHER ()

PROGRAM: Certificate Program, BA, MA, Other: _____

FIELD of STUDY: _____

LENGTH OF PROGRAM: _____

YEAR OF STUDY: _____

GRADUATION DATE: _____

EFFECTIVE PERIOD:

FALL SESSION () WINTER SESSION () INTERSESSION ()

SUMMER SESSION ()

CURRENT ACADEMIC YEAR ()

FROM: ____ / ____ / ____ TO: ____ / ____ / ____

STUDENT ID NUMBER _____

INSTITUTION NAME AND ADDRESS ATTENDING

RESIDENCY DECLARATION:

I _____ declare that I have been resident in Canada for 12

consecutive months prior to the date of application for funding.

Student Signature

Date

Student Declaration of Understanding

I hereby make this application for financial assistance and accept the following conditions for sponsorship:

1. To manage the approved education assistance to the best of my ability.
2. To meet the standards required by the institution for the continuation of my studies.
3. To provide transcripts or statements of performance to the Native Post-Secondary Education Counselor or Education Director at the end of each semester or when required to verify continuation in a program of studies.
4. To report any changes to my student and/or program status promptly.
5. I understand that Kingsclear Post-Secondary Education Program will take action to reclaim funds in respect to tuition, allowances and living allowances received for periods of support for which I was ineligible.
6. I understand that any changes, misrepresentation, or omission of information is ample cause for refusal of funding by Kingsclear First Nation Post-Secondary Education Program.

Student Signature

Date

Special Note:

Please attach a letter of acceptance from the Post-Secondary Institution you plan to attend. If you are a continuing student, a copy of your final transcript for the previous term will be required. If you have any questions, please contact Samantha Paul, Education Director Kingsclear First Nation 506 363 3028 ext 144

Please return your completed application and documents to:

Kingsclear First Nation

Samantha Paul, Education Director

Post-Secondary Education Program

77 French Village Road

Kingsclear First Nation, NB

E3E 1K3

Application Deadline May 9th, 2015

APPENDIX C
RELEASE FORM

A. Name of Post-Secondary Institution Attending September 2015-2016 academic year.

B. Student Number as issued by the University indicated above _____

I hereby agree to give the Education Director, Samantha Paul, permission to obtain transcripts and other information as needed from the Registrar and Business Office on attendance and course registration when required. (Academic Year 2015-2016)

Student Name: _____

Student Signature: _____

Date: _____