



Education Department

77 French Village Rd
Kingsclear First Nation, NB
E3E 1K3
Tel: 506.363.3028 Ext 144
Fax: 506.363.4324
www.kingsclear.ca

Application for Post-Secondary funding for 2018-19

Check list

- ___ I have completed the application in full, including stating my FULL band number
- ___ I have signed and dated the last three pages of my application
- ___ I have included my updated address phone number and email
- ___ I have included a **paper copy** (not electronic) of my transcripts either from high school (new applicant) or my marks from last semester

YOUR APPLICATION IS NOT COMPLETE WITHOUT YOUR TRANSCRIPTS AND CAN NOT BE CONSIDERED exception to this is students graduating from high school in June 2018- you will need to provide those for your file at the end of June.

- ___ I have included the **original copy** of my acceptance letter to the school I will be attending (**new applicants only**)

YOUR APPLICATION IS NOT COMPLETE WITHOUT YOUR LETTER OF ACCEPTANCE AND CAN NOT BE CONSIDERED

All **completed** applications, can be dropped off at the Band Hall at the front desk or mailed to:

Education Department

77 French Village Road, Kingsclear First Nation NB E3E 1K6

Attention Director of Education

All applications are due on or before: May 31st

Applications will be date stamped and late applications will only be considered once on-time applications are reviewed and awarded funding.

If you have any questions please contact Tracey O'Reilly by email: traceyoreilly@kingsclear.ca



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APPENDIX B

APPLICATION FOR POST-SECONDARY EDUCATION FINANCIAL ASSISTANCE

BASIC STUDENT INFORMATION:

SURNAME: _____ GIVEN NAME: _____

MI: _____

BIRTHDATE ____ / ____ / ____ SEX: _____

BAND: _____ BAND # (full number): _____

Please check one:

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

HOME ADDRESS WHILE ATTENDING UNIVERSITY:

TELEPHONE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

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

PREVIOUS EDUCATION: _____

What year did you graduate from high school? _____

HIGHEST GRADE COMPLETED: _____

SCHOOL NAME: _____

OTHER EDUCATION AND TRAINING:



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UNIVERSITY: _____

COMM. COLLEGE: _____

TECHNICAL INSTITUTE: _____

U.C.E.P.: _____

OTHER: _____

Have you been previously funded under Post-secondary funding? Yes () No ()

Was the funding provided under Kingsclear's PSSSP program or another funder? Kingsclear's () other ()

What program of study were you funded for?

Did you complete your program? Yes () No ()

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: _____

START DATE OF YOUR PROGRAM

(WHEN YOU **FIRST** ENTERED YOUR PROGRAM OF STUDY) _____

YEAR OF STUDY: _____

GRADUATION DATE: _____



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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



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APPENDIX C

RELEASE FORM

A. Name of Post-Secondary Institution Attending **September 2018-2019** academic year.

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

I hereby agree to give the **Education Director, Tracey O'Reilly**, permission to obtain transcripts and other information as needed from the Registrar and Business Office on attendance and course registration when required. **(Academic Year 2018-2019)**

Student Name: _____

Student Signature: _____

Date: _____



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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 to the 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-especially changing from full- time to part- time.**
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

Don't forget to 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.

Please return your completed application and documents to:

Director of Education, Kingsclear First Nation

77 French Village Road

Kingsclear First Nation, NB

E3E 1K3

Application Deadline May 31st, 2018