



MEMO

To: **Full Time Post-Secondary Applicant**
 From: Post-Secondary Program
 Date: January 2021
 Re: **FULL TIME PROGRAM APPLICATION**

PLEASE COMPLETE THIS APPLICATION PACKAGE AND RETURN TO OUR OFFICE BY DEADLINE OF MARCH 30.

NOTE THE FOLLOWING:

- Request for sponsorship will be considered upon receipt of a completed application package including the supporting documentation. Failure to submit all information will result in your application being marked incomplete and inadmissible.
- Avoid delays in processing your sponsorship and submit all supporting documentation with your application. (Supporting documentation is used in forecasting budget requirements and informational purposes, you may include links to the program information.
- Electronic copies may be submitted in PDF format via email/scan; OR FAX. **PICTURES ARE NOT ACCEPTABLE.**
- You will receive an email confirming receipt of the application. It is your responsibility to ensure your application package is complete. (Use the checklist below to ensure all the necessary information is contained.) You will receive an email from our office by the end of April notifying you of the decision.
- Information collected within this application is held in confidence and maintained within your student file.
- If you have any questions about the application or are experiencing delay in obtaining support documentation, kindly notify the Post-Secondary Office via email when submitting your application.

PLEASE SUBMIT THE COMPLETED FORMS AND SUPPORTING DOCUMENTS TO:

Attn: Terri Debassige, Post-Secondary Education Counsellor
 Email: terrilynnnd@mchigeeng.ca • Fax: 705.377.4980 • Phone: 705.377.5362 Ext. 221

ANNUAL DEADLINE FOR APPLICATIONS IS MARCH 30TH

✓	APPLICATION PACKAGE CHECKLIST	OFFICE USE
	Applicant Information Page 2	
	Academic History Form Page 3	
	Program Information Form Page 4	
	Education Plan Statement Page 5	
	Consent to the Release of Information (With the School you plan on registering) Page 6	
	Consent to the Access and Release of Information (For reporting and employability) Page 7	
	*Copy of Status Card	
	*Official Transcript and *Copy of Diploma/Degree/Certificate	
	Special Educational Needs/Exceptionalities (Recommendations, if applicable)	
	*Program Information (description/estimate of fees, etc.)	
	*Registration Confirmation from OCAS/OUAC/Letter from Institution	
	Confirmation of On Campus Residence Acceptance/Application (if applicable)	



APPLICANT INFORMATION

PERSONAL INFORMATION <i>(Confidential When Completed)</i>				
Surname:		Given Name(s):		
Address: Unit #		PO Box #		
Town/City:	Province/State:	Postal/Zip Code:		
Primary Email:		Cell Phone:		
Secondary Email:		Home Phone:		
Date of Birth: MM / DD / YYYY	Male <input type="radio"/> Female <input type="radio"/>	Marital Status: Single <input type="radio"/> Married <input type="radio"/> Common Law <input type="radio"/>	Band Registration #: 181-	
Name of Partner:		Is your Partner: Dependent <input type="radio"/> OR Employed <input type="radio"/>		
NOTE: (You will be required to submit current copy of Revenue Canada -Child Tax Benefit Notice to our office)				
DEPENDENTS	FULL NAME	RELATIONSHIP	DATE OF BIRTH	AGE
			MM / DD / YYYY	
			MM / DD / YYYY	
			MM / DD / YYYY	
INFORMATION ABOUT YOUR POTENTIAL/ESTIMATED FUNDING REQUIREMENTS¹ (Per Year) Supporting Documentation is required with your application.				
Tuition Fees: \$		Book Fees: \$		Travel: \$
Childcare: \$		Equipment Cost: \$		Other: \$

I have read and completed of the Applicant Information form to the best of my knowledge and ability.

Signed _____ and acknowledged this _____ day of _____, 20

¹ Funding is subject to availability and eligibility, and in accordance with the M'Chigeeng First Nation Post-Secondary Guidelines.



ACADEMIC HISTORY

PLEASE CHECK ALL THAT APPLY AND INDICATE DATES, COURSES/PROGRAMS, NAME OF INSTITUTION				
EDUCATION/ TRAINING	<input type="radio"/> HIGH SCHOOL DIPLOMA Grad Date: _____		<input type="radio"/> MATURE STUDENT	
	<input type="radio"/> GED (GENERAL EDUCATION DIPLOMA OR EQUIVALENT)		<input type="radio"/> HIGHEST LEVEL OF EDUCATION GRADE: _____	
	<input type="radio"/> COLLEGE		<input type="radio"/> PRIVATE INSTITUTION	
	<input type="radio"/> UNIVERSITY		<input type="radio"/> OTHER (VOCATIONAL/TRADES TRAINING, ETC.)	
	OTHER CERTIFICATIONS/LICENSES Please list previous/current with expiration dates.			
	<input type="radio"/> FIRST AID/CPR		<input type="radio"/> MENTAL HEALTH FIRST AID	
	<input type="radio"/> WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS)		<input type="radio"/> DRIVERS LICENSE	
	<input type="radio"/> OTHER: _____		<input type="radio"/> OTHER: _____	
PREVIOUS SPONSORSHIP	HAVE YOU EVER BEEN FINANCIALLY SPONSORED BY THE M'CHIGEENG FN EDUCATION PROGRAM? YES <input type="radio"/> NO <input type="radio"/> If previously sponsored, please list and include official transcript for program(s) attended.			
	School Year	Program/Course	# of Months/Years Attended	Received Diploma/Certificate/Degree/Other
SPECIAL NEEDS OR EXCEPTIONALITIES	Have you ever been formally identified, or do you self-identify as having special needs* or exceptionalities* that would require supports to ensure a positive experience in a learning environment? YES <input type="radio"/> NO <input type="radio"/> UNSURE <input type="radio"/>			
	TYPE OF ASSESSMENT(S):		DATE OF ASSESSMENT: UNKNOWN <input type="radio"/>	
			MM / DD / YY	
	Do you require special equipment or additional supports to enhance your learning experience? YES <input type="radio"/> NO <input type="radio"/>			
What type of additional supports do you require?				
(*i.e. Learning Disability, ADHD, Information Processing, etc.)				

I have read and completed of the Academic History form to the best of my knowledge and ability.

Signed _____ and acknowledged this _____ day of _____, 20_____.



PROGRAM INFORMATION

Please complete in full.			
I AM SEEKING A:	COLLEGE Certificate <input type="radio"/> Diploma <input type="radio"/>	TO BE DETERMINED <input type="radio"/>	METHOD OF DELIVERY: Classroom <input type="radio"/> Online <input type="radio"/> Blended <input type="radio"/>
	UNIVERSITY Certificate <input type="radio"/> Undergrad <input type="radio"/> Masters <input type="radio"/> Doctorate <input type="radio"/>		
1 ST CHOICE	NAME OF PROGRAM:	NAME OF INSTITUTION:	YEAR OF STUDY: (What year are you starting) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yr.
	STUDENT NUMBER:	PROGRAM DURATION START: _____ END: _____	PROGRAM LENGTH: (Total number program years) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yrs.
	REGISTRATION INFORMATION: DUE: <u>MM / DD / YY</u>	DEPOSIT DUE DATE: <u>MM / DD / YY</u> Amount: \$ _____	ANTICIPATED GRADUATION DATE:
	PROGRAM OFFER/ACCEPTANCE: Pending <input type="radio"/> Conditional <input type="radio"/> Continuing <input type="radio"/> Final <input type="radio"/>	PROGRAM EQUIPMENT REQUIRMENTS? Yes <input type="radio"/> No <input type="radio"/>	PROGRAM PLACEMENT REQUIREMENTS? Yes <input type="radio"/> No <input type="radio"/>
2 ND CHOICE	NAME OF PROGRAM:	NAME OF INSTITUTION:	YEAR OF STUDY: (What year are you starting) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yr.
	STUDENT NUMBER:	PROGRAM START: _____ END: _____	PROGRAM LENGTH: (Total number program years) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yrs.
	REGISTRATION INFORMATION: DUE: <u>MM / DD / YY</u>	DEPOSIT DUE DATE: <u>MM / DD / YY</u> Amount: \$ _____	ANTICIPATED GRADUATION DATE:
	PROGRAM OFFER/ACCEPTANCE: Pending <input type="radio"/> Conditional <input type="radio"/> Continuing <input type="radio"/> Final <input type="radio"/>	PROGRAM EQUIPMENT REQUIRMENTS? Yes <input type="radio"/> No <input type="radio"/>	PROGRAM PLACEMENT REQUIREMENTS? Yes <input type="radio"/> No <input type="radio"/>
STUDENT PORTAL LOGIN:	Username:	Password:	
	I give consent for the Post-Secondary Program to access my Academic Portal: YES <input type="radio"/> NO <input type="radio"/> Initials: _____		
Does Your Program Require Training not covered within you tuition fees? (I.e. First Aid CPR, Mental Health First Aid, etc.) PLEASE LIST:			
INTENTION TO APPLY FOR ON CAMPUS RESIDENCE			
APPLYING FOR RESIDENCE? YES <input type="radio"/> NO <input type="radio"/> UNKNOWN <input type="radio"/>		RESIDENCE DEPOSIT REQUIRED? YES <input type="radio"/> NO <input type="radio"/>	
If considering application for On Campus Residence, please be sure to contact PSE Counsellor.		AMOUNT: \$ _____ Deadline: <u>MM / DD / YY</u>	

I have read and completed of the Program Information Form to the best of my knowledge and ability.

Signed _____ and acknowledged this _____ day of _____, 20_____.



EDUCATION PLAN STATEMENT

**Please provide a 300-500-word essay on your educational plans.
Essay is to be typed and attached to this application in a WORD Document/PDF Document.**

Personal educational plans have proven to be an invaluable asset to individuals in making practical decisions effectively and positively impacting their respective academic path and choices.

Some points to consider and/or include with your education plan are listed below:

- *What Research have you completed toward the program /career you are entering? (I.e. will the skills you learn be transferable, what does the job market look like? etc.)*
- *List 3 Goals to demonstrate how you will achieve success within your program choice/career.*
- *How are you currently and actively engaging your education plan?*
- *What experience have you had toward the program you are entering? (I.e. workshops, free training, volunteer, or personal experience?)*
- *Reflect on why you are choosing the educational path identified; how will your choice impact your future?*
- *Identify where you see yourself in two (2) years or upon completion of your program.*

**If you were sponsored last year and are a returning applicant,
please provide an update of your plans or note any changes.**



CONSENT TO RELEASE INFORMATION

INSTITUTION NAME: _____

CAMPUS: _____

To Whom It May Concern:

As a student sponsored by the M'Chigeeng First Nation Education Department, I hereby authorize the above-mentioned educational institution to release all transcripts, invoices, student account/financial information and all other documents indicative of my progress to the sponsoring agency.

STUDENT NAME: _____

STUDENT # _____

PROGRAM: _____

CALENDAR YEAR: 2021-2022

EFFECTIVE: START DATE: _____ **END DATE:** _____

 Student Signature

 Date

Please forward all transcripts and other academic documentation to:

M'Chigeeng First Nation Education Department
 Post-Secondary Program
 Attn: Terri Debassige, Post-Secondary Program Counsellor
 Email: terrilynnd@mchigeeng.ca
 Phone: 705-377-5362 Ext. 221
 Fax: 705-377-4980
 53 HWY 551, PO Box 333
 M'Chigeeng, ON POP 1G0



CONSENT TO THE ACCESS & RELEASE OF INFORMATION

M'Chigeeng First Nation may need to obtain information on an applicant prior to approval of an application and may carry out follow up surveys during or after the funding period. Some or all the information you provide may be shared with them for this purpose.

As the sponsoring agency, M'Chigeeng First Nation Education Department requires and may access any information regarding training duration, attendance, performance, or other financial supports and information required to verify, process, administer and monitor a supported activity. Any exchange of information will remain confidential among parties noted below.

By signing below, I _____ Printed Name _____ hereby consent to the access, collection and disclosure and release of information between any representative of M'Chigeeng First Nation and representatives of the following agencies and their affiliates regarding educational, training and/or employment related activities and/or information.

MANDATORY- Please be sure to include business and/or contact names:

- a) M'Chigeeng First Nation Departments
- b) Indigenous Services of Canada
- c) Service Canada (EI, CPP, OAS)
- d) Ministry of Colleges and Universities
- e) Ministry of Children, Community and Social Services (Ontario Works, Ontario Disability Support Program)

Name of Worker: _____

f) District School Board: _____

g) Employment and Training Agency: _____

h) Assessment Consultation Agency: _____

OPTIONAL:

Furthermore, I consent to the access and release of information to the following individuals (i.e. parents, family):

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

I have read this document or have had this document read to me. I fully understand the above notices and do consent to the collection, disclosure and use of my personal information as described herein.

 Applicant Signature

 Date

Information is collected for the purposes of sharing with agencies and departments identified as stakeholders, including internal and external funding and partnering agencies. The information is collected in accordance with the Privacy Act and the Personal Information Protection and Electronic Documents Act. You have the right to access information shared with funders and agencies and to make changes to this information, as you see appropriate.