



MEMO

To: **Full Time Post-Secondary Applicant**
 From: Post-Secondary Program
 Date: 2022-2023
 Re: **FULL-TIME PROGRAM APPLICATION**

NOTE THE FOLLOWING:

- Request for sponsorship will be considered upon receipt of a completed application package including the supporting documentation.
- 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)
- Electronic copies may be submitted in PDF format
- 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.)
- 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, contact the Post-Secondary Office.

PLEASE SUBMIT THE COMPLETED FORMS AND SUPPORTING DOCUMENTS TO ADDRESS ON THE ABOVE LETTERHEAD:

Attn: Shelby Roy, Post-Secondary Navigator

OR CONTACT via: Tel: 705.377.5362 ext. 221 Email: postsec@mchigeeng.ca

ANNUAL DEADLINE FOR APPLICATIONS IS MARCH 30TH

| ✓ | FULL TIME PROGRAM NEW STUDENT APPLICATION PACKAGE CHECKLIST | OFFICE USE |
|---|--|------------|
| | Responsibilities of Student Contract | |
| | Full Time Program Applicant Information | |
| | Family Tree | |
| | Program Information Form | |
| | Academic History Form | |
| | Electronic Funds Transfer Authorization | |
| | Education Plan Statement | |
| | Consent to the Release of Information | |
| | Consent to the Access and Release of Information | |
| | Student Placement/Practicum Form <i>(if applicable)</i> | |
| | OTHER DOCUMENTATION TO INCLUDE WHEN SUBMITTING YOUR APPLICATION | |
| | Direct Deposit Authorization Form <i>(Available from your Bank)</i> | |
| | Copy of Status Card | |
| | Copy Income Tax Statement Child Tax Benefit Notice <i>(If applicable)</i> | |
| | Official Transcript and *Copy of Diploma/Degree/Certificate <i>(If graduating)</i> | |
| | Special Educational Needs/Exceptionalities <i>(Recommendations, if applicable)</i> | |
| | Program Information <i>(description/estimate of fees, etc.)</i> | |
| | Registration Confirmation from OCAS/OUAC/Letter from Institution | |
| | Confirmation of On Campus Residence Acceptance/Application <i>(if applicable)</i> | |



RESPONSIBILITIES OF STUDENT CONTRACT

This is to confirm that I accept funding for full time educational assistance under the following conditions and that I am prepared to:

- Thoroughly read and become familiar with the **M'Chigeeng First Nation Post-Secondary Guidelines**.
- Complete the application for educational assistance forms and ensure successful completion each year for continued sponsorship.
- Arrange a personal interview with the Post-Secondary Counsellor upon notification of approval of funding.
- Provide a copy of my student registration either through transcript, Student registration form (SRF) or timetable at the beginning of each semester/term.
- Provide my mid-term report when it becomes available mid semester and my final grade report at the end of each semester. **All students must provide an UNOFFICIAL transcript/Grade Report at the end of each semester/term and an OFFICIAL transcript upon completion of the program.** The fee associated with the cost of sending the transcript is the students' responsibility.
- Become familiar with the institutions academic calendar, including important dates and deadlines for registration, course drop date, withdrawal date, etc.
- Undertake the full course load per semester that is deemed full time by the college/university (corresponds with the SRF that you submit)
- Submit a copy of all institution correspondence relating to my tuition fees to the Education Department as soon as I receive it and provide a copy of the Institutions' Third (3rd) Party Release of Information OR Third (3rd) Party Billing form(s) to the Education Department as soon as possible (if required by Institution). Any late fees will be deducted from my monthly student allowance.
- Attend all classes.
- Notify the Education Department immediately of any program change, dropping any courses or withdrawing from program.
- Maintain regular monthly contact with the M'Chigeeng First Nation Education Department whether via email or telephone.
- Complete a Placement/Practicum Form. To be submitted **one month** prior to start date along with a letter from your program coordinator. The letter should state whether the placement will be paid or unpaid and indicate start date and end date.

If I withdraw from my program, I will:

1. Notify the M'Chigeeng First Nation Education Department immediately.
2. Officially withdraw from my program with the College/University.
3. Return any funds I receive after I have withdrawn from the program, failure to do so will result in a debt to the M'Chigeeng First Nation Education Department.

I understand that the M'Chigeeng First Nation Education Department will continue to fund me if I am progressing to the satisfaction of the college/university and the Education Department. Further, that if one or more of the above conditions are not met, my sponsorship may be terminated.

I HAVE READ THE ABOVE CONDITIONS AND UNDERSTAND THEM.

Student Signature

Date



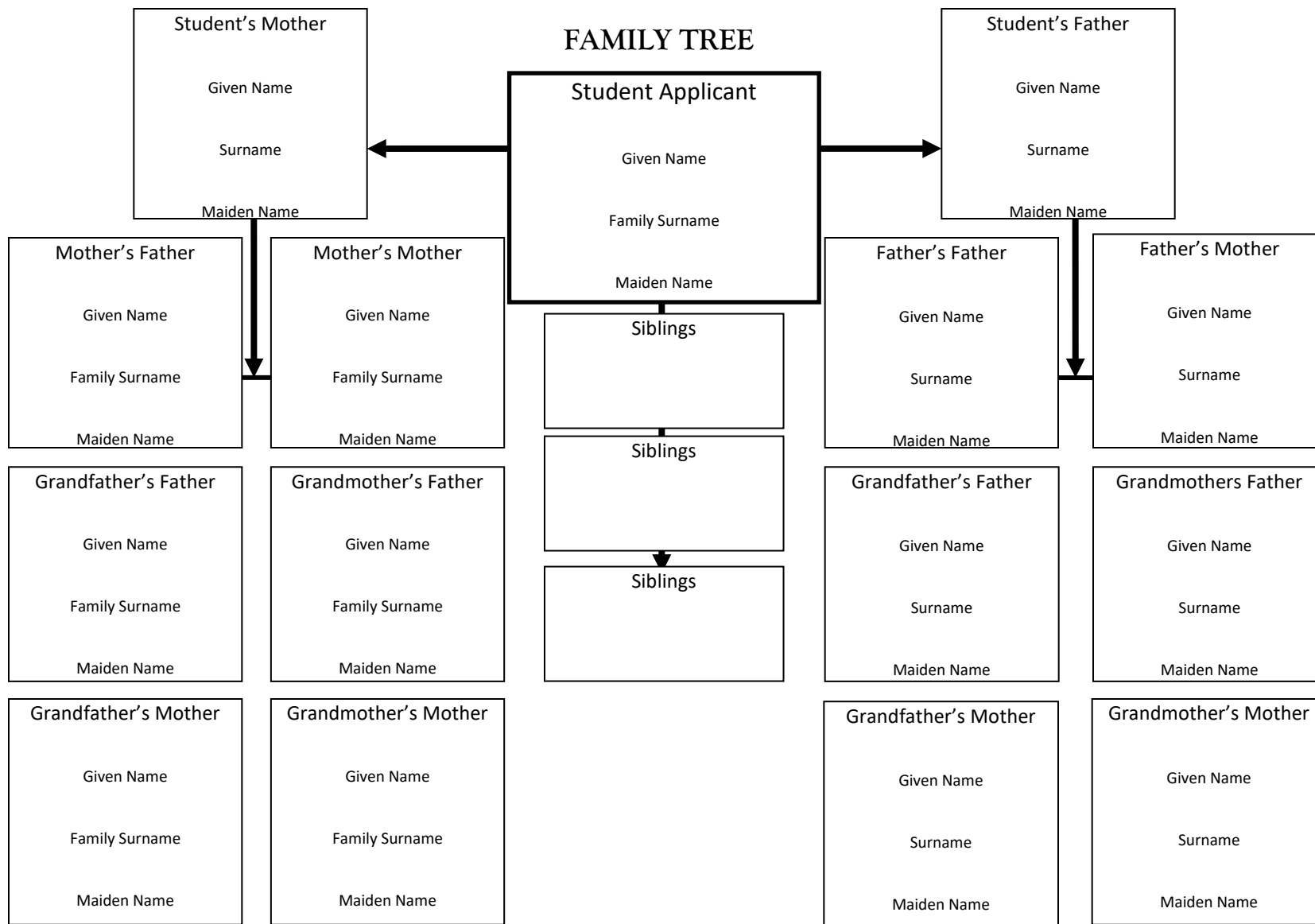
APPLICANT INFORMATION

| 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: Copy of current Child Tax Benefit Notice must accompany this application for Dependents under the age of 18. | | | | | |
| DEPENDENTS | FULL NAME | | RELATIONSHIP | DATE OF BIRTH | AGE |
| | | | | MM / DD / YYYY | |
| | | | | MM / DD / YYYY | |
| | | | | MM / DD / YYYY | |
| | | | | MM / DD / YYYY | |

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

 Student Signature

 Date





PROGRAM INFORMATION

| Please complete in full | | | |
|---|---|--|---|
| I AM SEEKING A: | COLLEGE Certificate <input type="radio"/> Diploma <input type="radio"/> | TO BE <input type="checkbox"/> DETERMINED | METHOD OF DELIVERY: Classroom <input type="radio"/> Online <input type="radio"/> Blended <input type="radio"/> |
| UNIVERSITY Undergrad <input type="radio"/> Masters <input type="radio"/> Doctorate <input type="radio"/> | | | |
| 1 ST CHOICE | NAME OF PROGRAM: | NAME OF INSTITUTION: | PROGRAMLENGTH:(Totalnumberprogramyears) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yrs. |
| | STUDENT NUMBER: | PROGRAM START: _____ END: _____ | YEAROFSTUDY:(Whatyearareyoustarting) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yr. |
| | REGISTRATION INFORMATION: DUE: -- MM / DD / YY | DEPOSIT DUE DATE: --MM / --DD / YY 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: | PROGRAMLENGTH:(Totalnumberprogramyears) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yrs. |
| | STUDENT NUMBER: | PROGRAM START: _____ END: _____ | YEAROFSTUDY:(Whatyearareyoustarting) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yr. |
| | REGISTRATION INFORMATION: DUE: --MM / --DD / YY | DEPOSIT DUE DATE: --MM / --DD / YY 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"/> |
| APPLYING FOR RESIDENCE? YES <input type="radio"/> NO <input type="radio"/> UNKNOWN <input type="radio"/> | | AMOUNT: \$ _____ Deadline: --MM / --DD / YY | |
| RESIDENCE DEPOSIT REQUIRED? YES <input type="radio"/> NO <input type="radio"/> | | <i>If considering application for On Campus Residence, please be sure to contact PSE Counsellor.</i> | |
| Does Your Program Require Training not covered by the institution? (I.e. First Aid CPR, etc.) PLEASE LIST: | | | |
| INFORMATION ABOUT YOUR POTENTIAL/ESTIMATED FUNDING REQUIREMENTS¹ (Per Year) | | | |
| Please Provide Documentation with your application. | | | |
| Tuition Fees: \$ | Book Fees: \$ | Travel: \$ | |
| Childcare: \$ | Equipment Cost: \$ | Other: \$ | |

I have read and completed of the M'Chigeeng First Nation Post Secondary Education Program Information Form to the best of my knowledge and ability.

Student Signature

Date

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



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.



ELECTRONIC FUNDS TRANSFER ENROLLMENT/AUTHORIZATION FORM

COMPLETE AND SIGN THE ENROLLMENT/AUTHORIZATION FORM BELOW:

| | |
|---|--|
| STUDENT NAME: | |
| ADDRESS: | |
| PHONE: | |
| EMAIL: | |
| I hereby authorize the M'Chigeeng First Nation to deposit directly to my account as noted on the attached direct deposit form beginning on the date of: | |
| DATE: | |
| STUDENT'S SIGNATURE: | |
| <p>PLEASE ATTACH A FULLY ENCODED DIRECT DEPOSIT AUTHORIZATION FORM FROM YOUR FINANCIAL INSTITUTION</p> | |



ACADEMIC HISTORY

| PLEASE CHECK ALL THAT APPLY AND INDICATE COURSES/PROGRAMS, NAME OF INSTITUTION | | | |
|--|--|----------------|---|
| EDUCATION/ TRAINING | <input type="radio"/> HIGH SCHOOL DIPLOMA | | <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 support 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.

 Student Signature

 Date



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, attendance records and all other documents indicative of my progress to the sponsoring agency.

Student name: _____

Student # _____

Program: _____

Calendar Year: _____

Example: 2022-2023

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: Shelby Roy, Post-Secondary Program Navigator
Email: postsec@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 of 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 and Northern Affairs Canada
- c) Service Canada (EI, CPP, OAS)
- d) Ministry of Advanced Education and Skills Development (Formerly Ministry of Training, Colleges and Universities)
- e) Ministry of 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: _____

NON-MANDATORY (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.

 Student 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.



STUDENT PLACEMENT/PRACTICUM FORM

PLEASE COMPLETE THE FOLLOWING BASED ON
 PLACEMENT/PRACTICUM INFORMATION

Student name: _____

Name of Program: _____

Name of Institution: College/University

Location of placement: _____

Address of placement: _____

Placement phone #: _____

Course code: _____ # of credits: _____

Length of placement: Start date: _____ End date: _____

Name of placement supervisor: _____

Supervisor's phone number: _____

Supervisor's email: _____

Placement: **PAID** **UNPAID**

It is important you submit this form at least 1 MONTH prior to placement

 Student Signature

 Date

 Program Coordinator Signature

 Date