

**SOUTHERN FIRST NATIONS SECRETARIAT  
POST SECONDARY COUNSELLING SERVICES**

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**APPLICATION FOR EDUCATIONAL ASSISTANCE**

**Post-Secondary and University & College Entrance Programmes**

(CONFIDENTIAL WHEN COMPLETE)

**1.0 ELIGIBILITY**

1.1 To be eligible to apply for assistance under the Southern First Nations Secretariat Post-Secondary Student Assistance Program applicants:

- 1.1.1 Must provide proof (copy of band status card) of being a registered member of the Caldwell, Chippewas of Kettle and Stony Point, Chippewas of Sarnia, Chippewas of the Thames, Delaware Oneida or Munsee-Delaware First Nations,
- 1.1.2 Must possess a grade 12 secondary school diploma or equivalency and have met university or college requirements. Effective May 15, 2003 for the September 2003 intake, and
- 1.1.3 Must satisfy the Secretariat that they will be attending the closest post-secondary institution to the permanent residence to which they have met entrance requirements and which offers their program of chosen studies.

1.2 Within the limits of funding received through contributions from I.N.A.C., the Secretariat will provide financial assistance through the following priority allocation system:

- 1.2.1 Students continuing post-secondary studies and in good standing within the policy framework.
- 1.2.2 Students newly-graduated from high school and moving directly into post-secondary studies within the policy framework.
- 1.2.3 Mature students and students returning after a break in post-secondary studies who are in good standing within the policy framework.
- 1.2.4 Students of a UCEP program who are in good standing within the policy framework.
- 1.2.5 Other students.

**2.0 PROCESSING APPLICATIONS FOR ASSISTANCE**

There may be three intakes for review of student applications. For the purpose of clarity, applications may be confirmed as having been received for review if they have arrived by fax, been postmarked as mailed or delivered in person for:

- September enrolment, application must be received by **May 15**
- January enrolment, application must be received by **October 1**
- Intercession/summer school, application must be received by **April 1**

Applications for assistance will be reviewed by the Board of Director's and decision communicated to the last known address provided by the students within 30 days of the deadline established for each session.

**3.0 APPLICATION PROCEDURES**

**3.1 Application must be filled out completely. *Shaded areas are for office use only.***

**3.2 All returning students must submit their last Term Marks.**

**3.3 You must be considered a full-time student by the institution to be eligible for living allowances.**

**3.4 If you have been overpaid, repayment must be received by our office prior to approval of new application. Non-payment will result in a deduction from your living allowance or book fees.**

**3.5 All supporting documentation (status cards, Grade 12 diploma, verification of status dependents, acceptance letters, banking information, signed release of information form) must be received by our office prior to final endorsement and release of funds.**

**4.0 PROGRAM WITHDRAWAL PROCEDURES**

Before you withdraw from a course or a program, first consult your **Education Counsellor** then consult your **Class Advisor**. Failure to do so will result in immediate suspension of funding and possibility of an overpayment.

# CLAIM FOR DEPENDENT ALLOWANCE FORM

NAME: \_\_\_\_\_ BAND: \_\_\_\_\_  
                    GIVEN NAME                      INITIAL                      SURNAME                      BAND #                      FAMILY #                      POSITION #

ADDRESS: \_\_\_\_\_  
                    RURAL ROUTE/STREET ADDRESS                      CITY                      PROVINCE                      POSTAL CODE

TELEPHONE: \_\_\_\_\_  
                    AREA CODE                      NUMBER

NEXT OF KIN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

## MARTIAL STATUS:

- i) SINGLE
- ii) MARRIED  NAME OF SPOUSE \_\_\_\_\_
- iii) COMMON-LAW  SPOUSE SIN# \_\_\_\_\_

## INCOME:

- i) APPLICANT: \$ \_\_\_\_\_ /MONTH
- ii) SPOUSE: \$ \_\_\_\_\_ /MONTH

## SOURCE OF INCOME:

- i) GENERAL WELFARE
- ii) FAMILY BENEFITS
- iii) OTHER  SPECIFY: \_\_\_\_\_

*When it is necessary to verify family income and/or number of dependents claimed we require written confirmation from a social agency, employer, or your First Nation Administration Office and a copy of your spouse's income tax return from previous year.*

NUMBER OF DEPENDENTS  (Covers dependent children under the age of 18 residing with the student)

*\*Note: You cannot claim a spouse as a dependent.*

	NAME	BIRTH DATE
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

***Please include a copy of band status cards for your dependent children.***

I certify that the above information is true and correct and understand that it is my responsibility to inform the Southern First Nation Secretariat of any changes.

Failure to provide the requested information may result in the termination of the allowance provided for your dependents.

\_\_\_\_\_  
SIGNATURE OF APPLICANT                      DATE

*I have reviewed all supporting documentation and verify that the information contained in this application is true and correct to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE OF COUNSELLOR                      DATE

# RELEASE OF INFORMATION FORM

To: \_\_\_\_\_

NAME OF INSTITUTION/AGENCY

ADDRESS OF INSTITUTION/AGENCY - STREET, CITY, PROVINCE, POSTAL CODE

ATTENTION: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the staff of the Southern First Nations Secretariat to obtain, release and exchange information with the above named institution or agency, for the academic years commencing \_\_\_\_\_ to \_\_\_\_\_.

SIGNATURE OF STUDENT

DATE

## DIRECT DEPOSIT INFORMATION

The following information is mandatory for receiving monthly living allowance payments. You must have an account with one of the five major Canadian banks (Bank of Nova Scotia, Royal Bank, Toronto Dominion, C.I.B.C., or Canada Trust).

**PLEASE ATTACH A VOID CHEQUE.**

STUDENT'S FULL NAME

NAME OF BANK

BANK ADDRESS

BRANCH NO.

TRANSIT NUMBER

ACCOUNT NUMBER

*I have read and agree to the conditions for this financial assistance.*

SIGNATURE OF STUDENT

DATE

## COUNSELLOR'S COMMENTS:

RECOMMENDED

NOT RECOMMENDED

COUNSELLOR'S SIGNATURE

DATE

## AUTHORIZATION:

APPROVED

NOT APPROVED

AUTHORIZING OFFICER

DATE

Date Entry Date: \_\_\_\_\_

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