



POST SECONDARY

APPLICATION FOR FUNDING FOR FULLTIME OR PART TIME PROGRAMS

(FUNDING FROM MAGNETAWAN FIRST NATION
FOR TUITION/BOOKS/LIVING ALLOWANCE)

FOR THE SCHOOL YEAR COMMENCING

SEPTEMBER 2015

NEW APPLICATIONS FOR THE **2015 FALL SEMESTER** START
MUST BE COMPLETED AND RECEIVED BY MAY 31, 2015.

NEW APPLICATIONS FOR THE **2015 WINTER SEMESTER** START
MUST BE COMPLETED AND RECEIVED BY SEPTEMBER 31, 2015.

*Print Application - Fill in information and fax back to: (705)383-2566
Or scan the completed form and email to: education@magnetawanfirstnation.com*



Dear Student:

Magnetawan First Nation is proud to have you continue on in your education. There are some requirements you must meet to be sponsored by Magnetawan First Nation.

- You must fill out an Internal Application Package (Enclosed*: Direct Deposit and Membership confirmation Information – FORM A; Post-Secondary Application – FORM B; and Release of Information – FORM C). These are available from the education department or can be downloaded on line at www.magnetawanfirstnation.com.
- If this is your first year, you must bring in an acceptance letter from your college or university. It is the responsibility of the student to bring in a copy of tuition costs, textbook costs, accommodation costs, as well as any other school related costs for the school year. These documents must be submitted each term.
- It is ***your*** responsibility to bring a sponsorship letter from Magnetawan to your registrar. The education department will supply you with this letter. If you wish us to fax this letter out please supply us with a fax number and a contact person.
- You must supply the education department with your transcript 4 times a year (Mid-term, January / Mid-term and the end of the school year). Failure to do so will result in funding being ceased. If a transcript is not produced funding will be suspended for a period of 2 years.
- You ***must opt out of the health fees*** that are offered by your college or university. This is done at the College or University itself. If you fail to opt out you will be responsible for that portion of your tuition.
- When a student enrolls in a specific Post-Secondary program they must complete the program; the student cannot transfer from program to program.
- It is important that you keep your address and phone number current. This will help to keep communication lines open.
- If a student drops out of a Post-Secondary Program (without a written medical reason from their doctor) funding will be suspended for a period of 2 years.
- You must maintain passing grades in all courses. If you are experiencing difficulties in one or more classes, you must contact the education department of Magnetawan First Nation.
- We must operate within a budget. For that reason, we may not be able to fund the total costs of your education expenses or in some instances all of the applicants, due to budget constraints. Our final decision as to who and how many will attend will not be available until the end of June.

Enclosed is:

- ❖ Post-Secondary Assistance Application Form - **FORM A** (2 Pages)
- ❖ Direct Deposit & Band Membership Confirmation Sheet - **FORM B** (Complete top portion & bank portion) (1 Page)
- ❖ Release for the Registrar & Accounting Department - **FORM C** (Complete bottom portion) (1 Page)

POST-SECONDARY ASSISTANCE APPLICATION

(Confidential When Completed)

FORM A: PAGE 1 OF 2

BASIC STUDENT INFORMATION				
Last Name	First Name/Middle Name	Phone Number		
Address	City	Province	Postal Code	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Email Address:				
Dependents (under 18 yrs old) Yes <input type="checkbox"/> No <input type="checkbox"/>	Allowance Category Single Student <input type="checkbox"/> Employed Spouse <input type="checkbox"/> Unemployed Spouse <input type="checkbox"/> Single Parent <input type="checkbox"/>			

EDUCATION PLAN			
Attendance Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Type of Program Community College <input type="checkbox"/> B.A <input type="checkbox"/> PHD <input type="checkbox"/> University Diploma <input type="checkbox"/> M.A <input type="checkbox"/>	Program/Course	Student Type New Students <input type="checkbox"/> Re-Enrollment <input type="checkbox"/>
Length of Program (Years to Complete)	I will be entering into: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/>	Date of Anticipated Graduation ____/____/____ Year Month Date	
Training Dates – This School Year Only From <u>2015</u> / ____ / ____ to <u>2015</u> / ____ / ____ year month date year month date			

INSTITUTION INFORMATION			
Institution	Phone Number	Registrars Fax Number	
Address	City	Province	Postal Code <input type="checkbox"/>

PERSONAL INFORMATION

Name of Spouse/ Common-Law _____
(A letter must be on file swearing to common-law relationship for more than 1 year)

DEPENDENTS (UNDER AGE OF 18 and not receiving funding from MFN)

(Note: if dependence is not band member proof of custody is required.)

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____

Notes: (Office Use Only)		
Travel: \$		
Tuition: \$	Acceptance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Books: \$	Application Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	Direct Deposit: Yes <input type="checkbox"/> No <input type="checkbox"/>
Living: \$	Transcript: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sponsorship: Yes <input type="checkbox"/> No <input type="checkbox"/>

Direct Deposit Information

All payments will be made via direct deposit. In order to facilitate and expedite our monthly allowances and reimbursements, we ask that you open a CIBC or Scotiabank Student Account. Please provide the details of your account below.

Bank Name: _____ **Transit #** _____ **Account #** _____

ACADEMIC HISTORY

Last High School Attended _____

Address _____

Did you graduate? _____ If yes, what year? _____

Have you received education assistance from Magnetawan First Nation in previous years? YES NO

If yes, for what years? _____.

Have you ever been suspended from receiving financial assistance from education YES NO

If yes, when where you suspended? _____.

Complete the information below starting with the last institution you attended

1. Name of Institution _____

Address _____

Program Enrolled in _____ Full-Time Part-time

Did you graduate? _____ If yes, what year? _____

2. Name of Institution _____

Address _____

Program Enrolled in _____ Full-Time Part-time

Did you graduate? _____ If yes, what year? _____

DECLARATION

I understand and agree to the following as conditions for sponsorship by Magnetawan First Nation Education Department. All information will be held in confidence and without prejudice.

1. To attend classes regularly and consistently.
2. To consult with the Education Administrator should any academic difficulties occur.
3. To adhere to college/university regulations and meet the grade requirements set forth by the college/university.
4. To provide Magnetawan First Nation Education Department with a copy of my mid-terms and final grades for each semester.
5. To notify the Education Administrator if ***I withdraw from college/university*** or if ***I am no longer attending classes***.
6. To meet or exceed the minimum grade requirements of Magnetawan First Nation (2.0 or C average) and understand that if I do not meet these requirements, my funding will be cancelled without notice.
7. To submit a completed application form before the deadline date (31 Fight4Life2010! th of May) for each school year I wish to attend.
8. To immediately declare all Grants/Fellowship, monetary awards and/or other monies awarded to me in order that any necessary adjustments can be made with respect to financial assistance provided by Magnetawan First Nation Education Department.

I understand that failure to meet ***any one*** of these requirements may result in all funding being ceased immediately and a 2 year suspension from receiving any education funding from Magnetawan First Nation.

ALL THE INFORMATION PROVIDED BY ME ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO THE CONDITIONS AS OUTLINE ABOVE.

(Student Signature)

(Date)



FORM B: PAGE 1 OF 1

Membership Confirmation
TO BE FILLED OUT BY APPLICANT

Student's Name	Date of Birth	Band Number
_____	_____	174 _____
Dependent's Name	Date of Birth	Band Number
_____	_____	174 _____
_____	_____	174 _____
_____	_____	174 _____
_____	_____	174 _____

I have applied to the Magnetawan First Nation Education Department for post-secondary funding. This department requires confirmation of my membership. My signature authorizes the release of band membership information on myself and my dependents.

 (Signature) _____ (Date)

TO BE FILLED OUT BY BAND MEMBERSHIP CLERK

I confirm the above mention person and his/her dependents are members of the Magnetawan First Nation Band. This person is entitled to receive financial assistance for Post-Secondary Education.

Date: _____ **Membership Clerk:** _____
(Signature)



FORM C: PAGE 1 OF 1

SPONSORSHIP LETTER

ATTENTION: THE REGISTRAR AND ACCOUNTING DEPARTMENTS: _____
(Institution Name)

This will serve as confirmation that the Magnetawan First Nation Education Department will sponsor the student enrolled in the program listed below with respect to Tuition Fees and Mandatory Student Fees. We ***will not*** be responsible for the Health Plan Fees. The student must opt out of this program or assume the cost themselves. This sponsorship will cover ***Full Time*** Studies only for the Term commencing September 2015 – April 2015. ***Part Time*** students will have only their tuition fees covered.

Please bill us accordingly at the address listed below.

If you require further information please feel free to contact me.

Yours Truly,

(Print Name)

(Signature)

RELEASE OF INFORMATION FORM

STUDENT TO COMPLETE THIS AREA:

This is your Authorization to release attendance information as well as any other pertinent education information to Magnetawan First Nation while I am enrolled in the following program. Magnetawan First Nation is my sponsoring agency and does require information to continue with my sponsorship.

Program: _____ Student #: _____

In the event that I have to withdraw from my post-secondary education program please send my refund owing to:

Magnetawan First Nation, Education Department
10 Hwy 529
Britt, Ontario
POG 1A0
Phone: (705) 383-2477, Fax: (705) 383-2566

Student Name: _____
(Print Name) (Signature) (Date)