



God's Lake Narrows First Nation School Board



Post Secondary Student Program

2_____-2_____-YEAR

APPLICATION FOR EDUCATIONAL ASSISTANCE

PART A – BASIC STUDENT INFORMATION

All parts of the application must be filled out.

| | | | | | |
|--|--|---|--|--|--|
| Surname | | Given Name | | Treaty No. (10 Digits) | |
| Middle Name(s) | | Apt #/Box #, Street Address, City | | Province | |
| Postal Code | | Phone/Contact Number | | Social Insurance Number | |
| Sex (x) <input type="checkbox"/> Male <input type="checkbox"/> Female | | Marital Status (x) Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single Parent <input type="checkbox"/> | | Applicant's Birthdate (Y/M/D) | |
| Usually Live (x) On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> | | WE Card Number: | | Are you currently working (full/part time), on E.I.? Since when/where? | |
| Name of Spouse: | | Spouse's Band & Treaty #: | | Is spouse working? On EI? Welfare? | |
| Name(s) of Dependent(s) under your care | | Birthdate | | Band & Treaty # | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| Applicant's Email Address: | | Emergency Contact: | | | |
| Current Full Address, City | | Province | | Postal Code | |
| Phone Number | | | | | |

PART B – PREVIOUS EDUCATION AND TRAINING

| Schooling – Training | Name | Location | Program Completed | Calendar Year Completed | Certificate Completed |
|--|------|---|-------------------|---|-----------------------|
| 1. Primary | | | | | |
| 2. Secondary | | | | | |
| 3. Community College | | | | | |
| 4. University | | | | | |
| 5. OTHER (Specify) | | | | | |
| Highest grade successfully completed In primary or secondary school | | <input type="checkbox"/> <input type="checkbox"/> | | Student month previously sponsored by God's Lake Narrows First Nation Sch. Brd | |
| | | <input type="checkbox"/> <input type="checkbox"/> | | | |

God's Lake Narrows First Nation School Board

PART C – FINANCIAL ASSISTANCE

PLEASE COMPLETE ALL PARTS OF THE APPLICATION.

I hereby make application for financial assistance to enroll in a post secondary academic or occupational skill training program at an institution for which I have been accepted.

Educational Assistance Category (x) ☐ P - Post Secondary OR ☐ O – Occupational Skill Development

Name of Program: Length of Program:

Institution: Start Date: End Date:

Classification of requested training and institutions.

| | | | |
|----------------------|----------------------------|----|------------------------------|
| Attendance (x) | Full Time (F) _____ | or | Part Time (P) _____ |
| Type of Training (x) | Academic Upgrading _____ | | Community Courses _____ |
| | Community College _____ | | University of Bachelor _____ |
| | University of Master _____ | | University of Ph. D. _____ |
| | Other (Specify) _____ | | |

PART D – CAREER INFORMATION

Please answer all questions seriously as it may have an impact on the decision for your sponsorship. Use an extra sheet if necessary or the back of this page.

Please share your long range career goal(s).

Please share your immediate academic goals.

Once sponsorship is approved, will you be taking your family with you when leaving the community?

Have you been sponsored before? If yes, were you successful? If not, why do you think you were not successful? Have you addressed these issues?

Do you think you will be successful in your program of choice and why?

God's Lake Narrows First Nation School Board

PART E – SENDING COUNSELLOR'S COMMENTS AND RECOMMENDATIONS

I recommend _____ OR I do not recommend _____ this application for approval because:

PART F – DECLARATION

I understand the following conditions for sponsorship by God's Lake Narrows First Nation School Board:

1. To attend classes regularly.
2. To consult with the counsellor if any problems arise, academically, emotionally, physically or financially.
3. To meet the standards required by the university for continuation in my program of studies.
4. To provide my marks and reports to God's Lake Narrows First Nation School Board upon my Counsellor's request.
5. To adhere to any rules and regulations as may from time to time be advised to me by God's Lake Narrows First Nation School Board.
6. To accept responsibility for satisfying the academic or training requirements of the above institution and managing the education assistance funds to the best of my ability.

I have read this application for educational assistance and agree to the conditions as outlined in parts A, B, C, D, E, and F.

Date

Signature of Student

Date

Signature of Authorizing Officer

All applications must be accompanied with an acceptance letter by the University or College of your choice which must state you have been accepted into the program of your choice. All applications must also be accompanied with your most recent transcripts. If any of these are not attached, then your application will be considered incomplete and will not be considered.

God's Lake Narrows First Nation School Board



AUTHORIZATION TO RELEASE INFORMATION

I, _____ (please print name), hereby authorize the release of my personal information (initialed below) to my sponsoring agency, God's Lake Narrows First Nation School Board, at their request for the _____ academic year.

INSTRUCTIONS: INITIAL EACH CATEGORY THAT IS AUTHORIZED FOR RELEASE

- ☐ Mid term grade reports
- ☐ Final term grade reports
- ☐ Progress reports
- ☐ Attendance records
- ☐ Transcript to sponsoring agency (God's Lake Narrows First Nation School Board)
- ☐ Transcript mailed direct to another post secondary institution

I also ☐ authorize / ☐ do not authorize a counsellor to discuss my progress and/or any problems with the contact person of my sponsoring agency.

Student Signature: _____ **Student I.D. No.:** _____

Major Declared: _____

Sponsoring Agency: _____

Date: _____

c.c. Student File

God's Lake Narrows First Nation School Board



AUTHORIZATION TO RELEASE INFORMATION **FOR THE BAND MEMBERSHIP CLERK OF GOD'S LAKE FIRST NATION**

I, _____ (please print name), hereby authorize the release of my personal information including my dependents and spouse (initialed below) to my sponsoring agency, God's Lake Narrows First Nation School Board, at their request for the _____ academic year.

INSTRUCTIONS: INITIAL EACH CATEGORY THAT IS AUTHORIZED FOR RELEASE

- ☐ Date of Births for self and each dependent indicated on application
- ☐ Treaty number for self and each dependent indicated on application
- ☐ Any other information pertinent for sponsorship

I also ☐ authorize / ☐ do not authorize a counsellor to discuss my progress and / or any problems with the contact person of my sponsoring agency.

Student Signature: _____ **Student I.D. No.:** _____

Major Declared: _____

Sponsoring Agency: _____

Date: _____

c.c. Student File