![Qalipu First Nation logo]

Post-Secondary Education Student Support Funding Application

ALL FIELDS ARE MANDATORY

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Please note that select information on this application is collected for statistical purposes only

Name: _____   SIN#: _____

(As it appears on SCIS card. If name has been changed, please provide official supporting documentation (i.e., marriage certificate))

Address: Tel #:   _____

                                                 E-mail: _____

                                                 DOB: _____ / _____ / _____
                                                          Month   Day   Year

Gender: Male ☐ Female ☐ Other ☐ _____

No. of Children under Age 16: _____   Age(s) of Dependents: _____

Marital Status: Single ☐ Married ☐ Other ☐ _____

- Please provide marriage certificate if married.

Grade Level completed: _____ ___   Year: _____

Post-Secondary completed: _____   Year: _____

Preferred Language: English ☐ French ☐ Other ☐ _____

Are you a member of Qalipu Mi'kmaq First Nation Band?   Yes ☐ No ☐

If not, are you of Aboriginal Ancestry?   Yes ☐ No ☐

Do you have a disability?   Yes ☐ No ☐

If "yes", please specify: _____

COURSE INFORMATION FUNDING REQUEST

Name of Training Institution: _____ _____

Location of Training Institution: _____

Degree Granting Institution: _____

Course Name: _____

Program Length: _____
*As per the Post-Secondary Education Institution Course Calendar

Program Start Date: _____ / _____ / _____
                    Month   Day   Year

Graduation Date: _____ / _____ / _____
                 Month   Day   Year

Attendance: Full time ☐   Part time   ☐

Level of Education Sought: University/College Entrance Preparation Program   ☐

                                    Certificate   ☐

                                    Diploma   ☐

                                    Bachelors   ☐

                                    Masters   ☐

                                    Doctorate   ☐

Delivery Method for your program: Classroom   ☐

                                    Distance Education   ☐

                                    Virtual (Internet)   ☐

                                    Blended (Classroom and Distance)   ☐

                                    Blended (Classroom and Virtual)   ☐

Will you be living at home with parents/guardians while attending School?   Yes ☐   No ☐

If you are completing this program through distance education or blended, please specify how many courses per semester are through distance/virtual: _____ and how many courses are in the classroom: _____.

Is this the closest public institution to your place of permanent residence? Yes ☐   No ☐

If no, have you applied to other public institutions closer to your place of permanent residence? Yes ☐ No ☐
☐ Please provide documentation.

Please attach the program cost breakdown for other public institutions closest to your place of permanent residence.

FINANCIAL STATUS

Are You Employed?   Yes ☐   No ☐

If "yes", please indicate if you are working
If "yes", please indicate your gross weekly income: Full Time ☐   Part time ☐
$ _____

If "yes", please indicate the number of hours you work per week: _____

If "yes", please indicate whether or not this is summer employment: Yes ☐   No ☐

If "no", are you in receipt of EI benefits?   Yes ☐   No ☐

If "no", have you been in receipt of EI benefits in the past three years?   Yes ☐   No ☐
If "yes", please indicate your weekly EI rate: $ _____

Will you be employed while attending school?

Yes ☐   No ☐

If "no", please indicate why. _____

If "yes", please indicate if you'll be working:
If "yes", please indicate your gross weekly income: Full Time ☐ Part time ☐
$ _____

If "yes", please indicate the number of hours you work per week: _____

Are you receiving any of the following?
HRLE Income Support

Yes ☐   No ☐

PREVIOUS EDUCATION/TRAINING

Have you previously attended a Post- Secondary or Training Institution?   Yes ☐   No ☐
If "yes", please provide the following information:

Degree/Course Title: _____

University/Training Institute: _____

Start & End Date of Program: _____

Did you complete this program?   Yes ☐   No ☐

Did you pay for this program on your own?   Yes ☐   No ☐

If "no", were you sponsored by an agency?   Yes ☐   No ☐
If "yes", please state the name of the agency: _____

*Please note that "agency" includes the Federation of Newfoundland Indians (FNI) and Education and Training Qalipu.

Please attach all transcripts from all previous programs (completed or not completed)

DECLARATION

Signing this application allows Education and Training Offices to obtain information from all ARMS or Employment Services Offices (EAS).

Applications may also be used for public documents such as Minutes, Education and Training Reports, Board Kits, etc. The Qalipu Mi'kmaq First Nation Band agrees to share this information with Service Canada or Indigenous Services Canada.

I have reviewed Education and Training Policy and Procedures Manual and understand my responsibilities should I be accepted for Post-Secondary Education Support.

I will notify Education and Training if any of the information in this application changes. Please note that failure to do so may result in rejection of Post-Secondary Education Support.

I understand that Education and Training will contact me through e-mail and it is my responsibility to notify Education and Training if any of my contact information changes.

I understand that all necessary documentation as referred to on page six (6) must be included with my application in order for my application to be considered complete. I understand that incomplete applications will not be considered.

I declare that I was a resident in Canada for (12) consecutive months prior to the date of this application for Post-Secondary Education support with Qalipu Mi'kmaq First Nation Band.

Note: Certain categories of individuals may also be considered a resident in Canada for the purposes of this application. Contact the Client Intake Officer if you have any questions concerning residency requirements.

Signature of Applicant: _____

Date of Application: _____

Submit Applications for Post-Secondary Education Support to:
Education and Training
Attention: Client Intake Officer
P.O. Box 460
St. George's, NL,
A0N 1Z0
Phone: 709-647-3171
Email:
educationandtraining@qalipu.ca

Faxed applications will NOT be accepted

Application Deadlines:

Fall Semester	June 30th
Winter Semester	October 31st
Spring/Intersession/Summer	February 28th

New applications must be received by the deadline date indicated above. Late applications will not be considered for funding in that semester but may be deferred to the next semester. *Please note: the application must be received in the office before these dates. For example, if June 30th is on a Sunday, the applications are due in the office no later than the end of business on Friday, June 28th.*

Detailed Program Cost Breakdown

Year	Semester	Semester Start Date	Semester End Date	Tuition Costs	Fee Costs	Book Costs	Work Term Paid or Unpaid
Sample	Fall	September 1, 2011	December 15, 2011	$2,000	$ 150	$500	NO
	Winter	January 3, 2012	April 15, 2012	$2,000	$ 150		Paid Work Term
	Intersession	April 25, 2012	June 24, 2012	$2,000	$ 150	$500	NO
1	Fall						
	Winter						
	Intersession						
2	Fall						
	Winter						
	Intersession						
3	Fall						
	Winter						
	Intersession						
4	Fall						
	Winter						
	Intersession						
5	Fall						
	Winter						
	Intersession						

**This document is <u>required</u> to be considered for Post-Secondary Education Support.
Please fill in this page, based on the cost breakdown provided by your school, giving the costs of books, fees and tuition for each semester for every year you plan to attend.**

**YOUR APPLICATION <u>WILL NOT</u> BE CONSIDERED COMPLETE IF
THE FOLLOWING ARE NOT ATTACHED:**

- If you indicated that you are a Qalipu member please provide proof of membership in the Qalipu Mi'kmaq First Nation Band. Include a photocopy of <u>one</u> of the following: Your Valid Temporary Confirmation of Registration Document or your Valid Secure Certificate of Indian Status Card. **Please remember** to check the expiration date on either document as we cannot accept documents that are expired. **To obtain a new valid temporary confirmation letter, please call: 1-800-567-9604.**
  Non-Status applicants may be considered for post-secondary education funding under our ISETP program.
  *Please refer to our Local Guidelines for eligibility criteria.

- An Acceptance or Provisional Acceptance Letter from the Educational Institution. If you provide a Provisional Acceptance Letter from the Educational Institution, you must provide a copy of your **final acceptance letter** as soon as it is received. A letter of Verification of Enrolment for the present or next available semester can be submitted by students who are currently enrolled in in a program beyond their first year. If an institution has identified that acceptance letters will not be issued until after our application deadline date, please provide correspondence from the school indicating that you have successfully applied for a program and will be notified of acceptance at a later date.

- Level 3 students applying to Post-Secondary studies must include your Level 2 Transcript **and** your Level 3 Mid-Term marks before the June 30th deadline date. You would then submit your Final High School Transcript as soon as it is received. This is necessary to fulfil the Canadian Residency component of the application process.

  A breakdown of expenses from your Educational Institution is **<u>mandatory</u>**. You may obtain this from your Educational Institution or from your Educational Institution's website.

- You **must** also include a breakdown of semesters by date to the end of your Course of Study. You must indicate if any of these semesters are classified as paid or unpaid Work Terms. This is page five (5) of our funding application.

- If you are currently enrolled in the Course of Study and are requesting funds to complete that program, you must provide a Transcript from the Educational Institution regarding your present Academic Status. On-line printouts are acceptable if they clearly display the student name, name of institution, and semester.

- An Action Plan (not more than 250 words) of why you have chosen this field of study and what your employment goals are after completion of the Course of Study.

- If you are completing courses through distance education or part-time, you need to include a detailed action plan indicating the designation being sought the length of the training and your planned timeline for completion.

- If you are applying for funding to complete an ABE program, please include an action plan to sustain future employment with your funding application.

- If you have completed any previous education (completed or not completed), please provide **all transcripts for each program.**

- You must also register with the Qalipu membership database "Ginu" in order to receive funding. Please visit: www.qalipu.ca/login-options