



## POST-SECONDARY EDUCATION ASSISTANCE PROGRAM APPLICATION FORM

---

Congratulations for reaching a point in your life and in your learning, where you are considering a long-term Certificate or Degree program beyond grade twelve. This is a major step for you personally and for First Nations people. We look forward to working with you so that your hopes and dreams may become a reality.

### GENERAL INFORMATION

The purpose of the Post-Secondary Education Assistance Program is to enable First Nations students to pursue a higher education. However, the funding is CAPPED, so not everyone who applies is eligible to be funded. Acceptance of support funding require a major commitment on the part of the student to work hard to complete the program successfully.

### PRIVACY ACT STATEMENT

The information you provide on this document is for the purpose of resourcing and administering post-secondary student financial assistance. Personal information that you provide is protected under the provisions of the Privacy Act.

Please Submit Application via email to: [neana.louis@mf nec.ca](mailto:neana.louis@mf nec.ca)

Or

Mail: **Attention Post-Secondary Coordinator**

Moosomin First Nation Education Council Inc.

P.O Box 412, Cochin, SK, S0M 0L0

Phone: (306) 386-2280

Fax: (306) 386-2283

### **Funding Application Deadlines are as follows:**

- i. March 31<sup>st</sup> – (Spring and Summer)
- ii. June 15<sup>th</sup> – (Fall)
- iii. October 1<sup>st</sup> – (Winter)
- iv. Spring and Summer courses will only be funded for continuing students if required by the institution

---

---

**PART A: STUDENT INFORMATION**

New Student:  Re-Enrollment:   
(Never been funded) (Previously Funded)

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

Full Name: \_\_\_\_\_

All former surnames (including surname at birth if different from above.)  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

Student Study Address: \_\_\_\_\_  
\_\_\_\_\_

Personal Email: \_\_\_\_\_

\*Upon acceptance by the Institution we request you submit your email given to you by the institution.

Institute Email: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ Cell: \_\_\_\_\_

Status Number: \_\_\_\_\_

---

---

**PART B: STUDENT STATUS/DEPENDENT INFORMATION**

Marital Status: Single:  Married:  Common-Law:  Separated:

**Dependant Information:**

Dependant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Live with you: Yes:  No:

Dependant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Live with you: Yes:  No:

Dependant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Live with you: Yes:  No:

Dependant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Live with you: Yes:  No:

Dependant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Live with you: Yes:  No:

Dependant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Live with you: Yes:  No:

Dependant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Live with you: Yes:  No:

Dependant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Live with you: Yes:  No:

---

---

**PART C: EDUCATION AND TRAINING HISTORY**

Moosomin First Nation Education Council requires all information regarding past and present institutions attended by the member.

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Received: Diploma: Yes  No

College: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Program: \_\_\_\_\_ Location: \_\_\_\_\_  
Received: Certificate:  Diploma:  Degree:

Technical Institute: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Program: \_\_\_\_\_ Location: \_\_\_\_\_  
Received: Certificate:  Diploma:  Degree:

University: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Program: \_\_\_\_\_ Location: \_\_\_\_\_  
Received: Certificate:  Diploma:  Degree:  Masters:  PhD:

**Academic Student Information:**

Ever Discontinued (Withdrew): Yes:  No:  Institution: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Ever Required to Discontinue (RTD): Yes:  No:  Institution: \_\_\_\_\_  
Reason: \_\_\_\_\_

Please indicate to the Moosomin First Nation Education Council, any prior Post-Secondary financial assistance you have had. This information will be kept confidential in our file and shall be referred to should you require further Post-Secondary funding. **This is MANDATORY for the purpose of Post-Secondary Funding.**

Institute Name: \_\_\_\_\_ Graduated: Yes  No   
Program: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Years Funded: \_\_\_\_\_

---

---

**PART D: ASSISTANCE REQUIRED****Funding Application Deadlines are as follows:**

- i. March 31<sup>st</sup> – (Spring and Summer)
- ii. June 15<sup>th</sup> – (Fall)
- iii. October 1<sup>st</sup> – (Winter)
- iv. Spring and Summer courses will only be funded for continuing students if required by the institution

**Application Information:**

1. Continuing Student is defined as a person who has been admitted to a University and has been enrolled for a program and whose enrolment for that program has neither ended nor been withdrawn and who is not a commencing student.
2. New Applicant is defined as a person who is a status member of the Moosomin First Nation, who is applying for assistance and who is a commencing student.

Full-Time:  Part-Time:

Term Applying for: Fall(Sept-Dec):  Winter(Jan-Apr):  Spring(May-June):  Summer(July-Aug):

Institution: \_\_\_\_\_ Program: \_\_\_\_\_

Credential: Certificate:  Diploma:  Degree:  Masters:  PhD:

Program Length: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Institute Address: \_\_\_\_\_

Institute Phone: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Moosomin First Nation Education Council follows a First-Ready-First-Funded-Policy. This involves moving the application for funding forward for approval as they are ready for adjudication. An application is deemed ready for adjudication on the date that ALL required documents are provided to the Post-Secondary Coordinator.

**Documentation Required: Must be submitted on or before the deadline dates of each semester as stated above.**

- I. Completed application form for the Moosomin First Nation Education Council Post-Secondary Program.
- II. A copy of Indian Status Card/Letter of Band Verification from registry administrator.
- III. Acceptance letter from the Post-Secondary Institution.
- IV. Most recent transcripts: Secondary and/or Post-Secondary
- V. Program Information: Name of Institute, Address, Phone, Fax, Type of academic program length, Estimated/Actual.
- VI. Tuition and required books and supplies
- VII. Dependent Children Verification: Canada Revenue Agency (CRA), Employment Insurance (EI) statements, Social Assistance Program (Provincial or First Nation).

---

---

**PART E: EDUCATION GOAL STATEMENT**

Please include here your statement of intent and any other information that might assist the Post-Secondary Committee in making the application decision.

---

---

---

---

---

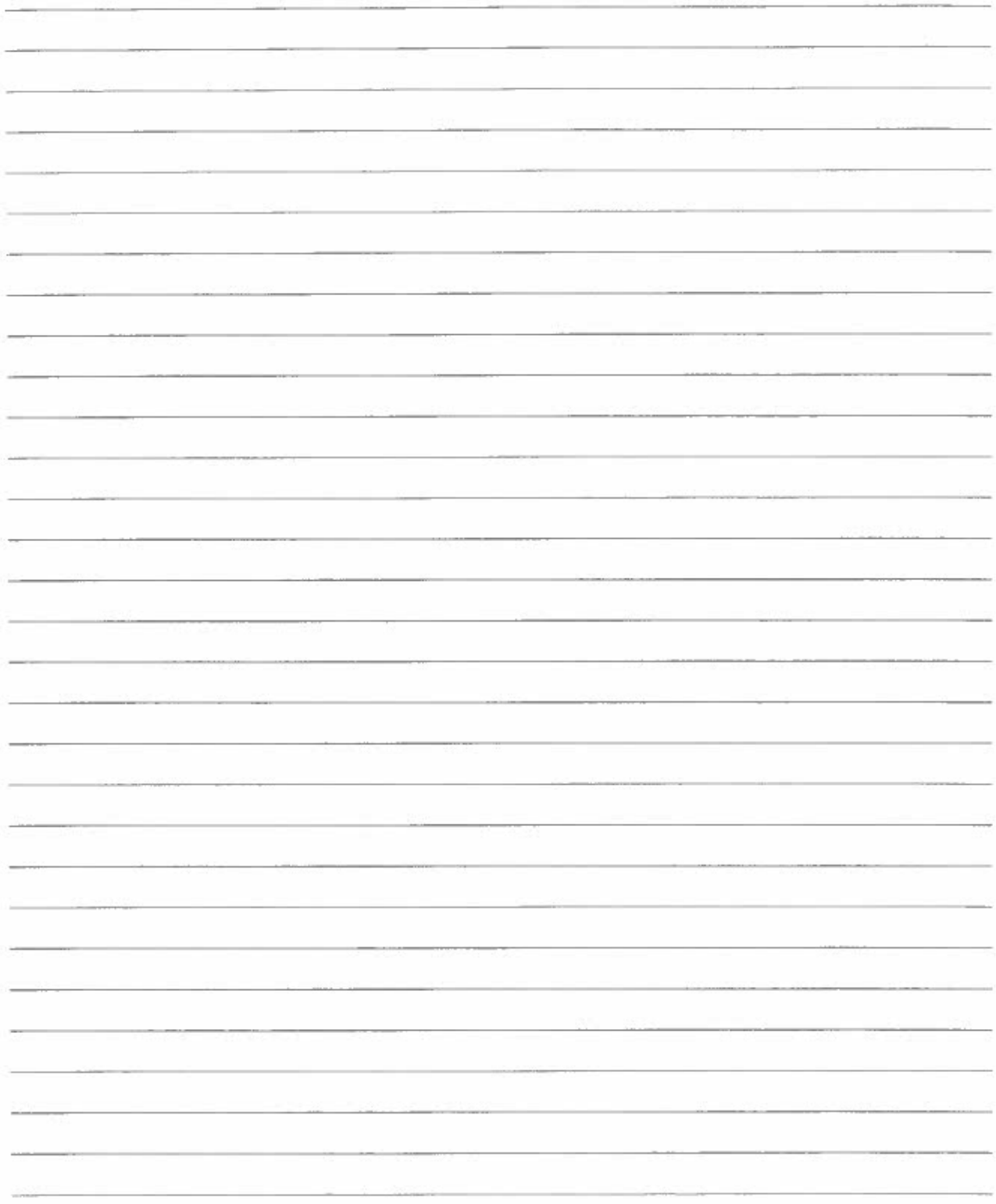
---

---

---

---

---





CONTRACT BETWEEN  
MOOSOMIN FIRST NATION EDUCATION COUNCIL  
AND THE STUDENT

1. I understand the following conditions for sponsorship outlined in the Moosomin First Nation Education Council Post-Secondary Education Assistance Program Policy
2. I will accept responsibility to adhere to the Post-Secondary Institutions regulations and meet the academic requirements for continuation for my program of studies both with the post-secondary institution and the MFNEC Post-Secondary Educational Assistance Program Policy.
3. I agree to maintain the academic credit hours required by the MFNEC Post-Secondary Education Assistance Program Policy,
4. I agree to monthly check-ins with the MFNEC Post-Secondary Coordinator to discuss any academic, emotional, physical and/or physical student issues.
5. I agree to provide MFNEC Post-Secondary Coordinator any mid-term and final grades upon request.
6. I agree to report any changes to my student and or program status promptly.
7. I authorize Moosomin First Nation Education Council Post-Secondary Program to obtain information from Agencies, Persons or Organizations to determine and or verify my eligibility for benefits or services under the Moosomin First Nation Education Post-Secondary Program.
8. I declare that all the information provided by me on the application form is complete and correct and is given to substantiate my entitlement for sponsorship.
9. I understand that I have the right to appeal any decision made with respect to my application for sponsorship

---

Student Name (print)

---

Date (MM-DD-YYYY)

---

Student Signature