



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.

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

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

PART A: STUDENT INFORMATION

Please check one.

New Student _____
(Never been funded)

Re-Enrollment _____
(Previously Funded)

Date: _____

Name: _____
Last Name First Name Middle

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

Please check one.

Single _____ Married _____ Common-Law _____ Divorced _____ Separated _____

Dependant Information:			
Children's Name	Date of Birth	Live with you	School Attending
1.		Yes / No	
2.		Yes / No	
3.		Yes / No	
4.		Yes / No	

Dependant Information Continued:			
5.		Yes / No	
6.		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.

	Institute Name	Location	# Months	Specify Certificate/ Diploma or Degree Received
High School				
College				
Technical Institute				
University				

Please indicate to the Moosomin First Nation Education Council, any prior funding you may 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 **COMPULSORY** for the purpose of Post-Secondary Funding.

1. Institute Name: _____

Program Name: _____

Date Attended: _____ to _____

Months Funded: _____

PART D: ASSISTANCE REQUIRED**Deadline Dates:****March 31st – Spring (May) / Summer (July)****June 15 – Fall (September)****October 1 – Winter (January)**

Please check one.

Full-Time _____ Part-Time _____

Term Applying for: Fall (Sept-Dec) _____ Winter (Jan-Apr) _____

Spring (May-June) _____ Summer (July-Aug) _____

Program Length in Months: _____ Months Completed: _____

Institution: _____

Address: _____

Program: _____

Start Date: _____ End Date: _____

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 Post-Secondary Student Assistance Program
- II. A copy of Indian Status Card or letter from Band stating membership
- III. Acceptance letter from the Post-Secondary Institution
- IV. A copy of all Secondary and or Post-Secondary transcripts
- V. Program Information: Institute Name, Address, Phone, Fax, Program Name, Program details, Program Start Date and End Date
- VI. Tuition amounts, Student Fee amounts, Book amounts, and Supplies amounts
- VII. Dependent Children Verification: Copy of Health Card(s) and Canada Child Benefit Statement.

PART F: MEMBER DECLARATION

I (print name) _____ declare that the information provided by me in the application form is correct, true and valid and is given to substantiate my entitlement for sponsorship. I authorize the Moosomin First Nation Education Council to obtain any information required to determine my, and/or dependent(s) eligibility for sponsorship. I hereby give permission to the Moosomin First Nation Education Council Post-Secondary Education Assistance Program to verify or confirm with any source the correctness and accuracy of the information obtained in this application.

Signature: _____ Date: _____



MOOSOMIN FIRST NATION EDUCATION COUNCIL INC.
 Authorization Form to Release Student Information

Student Information (Please Print)

Legal surname	Legal First Name	Legal Middle Name	Student ID
Preferred name (If different from legal first name)		Previous name (if applicable)	Birthday (MM-DD-YYYY)

Institute Information (Please Print)

Name of Institute	Name of Program	Student ID
-------------------	-----------------	------------

I hereby authorize that my student registration, student program, profile sheet, progress reports and mark transcripts be released to Moosomin First Nation Education Council Inc. and its affiliates for the following sessions:

20___ Fall/Winter Sessions (September – April)

20___ Spring/Summer Sessions (May – August)

Signature of Student: _____ Date: _____