

# CHIPPEWAS OF THE THAMES FIRST NATION EDUCATION

Post Secondary Counselling Services, 324 Chippewa Road, Muncey, Ontario N0L 1Y0  
Tel: 519-289-0621 [www.postsecondary@chippewa-ed.on.ca](mailto:www.postsecondary@chippewa-ed.on.ca) Fax: 519-289-0633

**The objective of the Chippewa Post Secondary Students Assistance Program is to assist registered members to access post secondary education in order to graduate with the qualification and skills necessary to pursue individual careers.**

## APPLICATION FOR EDUCATION ASSISTANCE

**\*\*NEW STUDENTS\*\***

### Post-Secondary and University & College Entrance Programs (CONFIDENTIAL WHEN COMPLETE)

#### 1.0 ELGIBILITY

- 1.1 To be eligible to apply for assistance under Chippewa Post Secondary Students Assistance program, applicants must:
- 1.1.1 Provide proof of being a registered member of Chippewas of the Thames First Nation, and
  - 1.1.2 If a student submits a "Temporary Confirmation of Registration Document" the student must also provide photo identification and a letter from the Chippewas of the Thames Indian Registry Administrator stating that they are members of Chippewas of the Thames First Nation.
  - 1.1.3 Have met university or college entrance requirements, and verify acceptance to a program of study at a post secondary institution.
- 1.2 Within the limits of funding received through contribution from the department, Chippewa First Nation will provide financial assistance through the following priority allocation system:
- 1.2.1 PRIORITY 1 Students continuing post secondary studies and in good standing within this policy. Students who have ceased to attend because of medical reasons which can be documented by a valid medical certificate will be considered a priority 1 when they re-apply. Those people upgrading their skills to teach Aboriginal Languages.
  - 1.2.2 PRIORITY 1 Continuing successful self funded students.
  - 1.2.3 PRIORITY 2 Students newly graduated from high school, within a calendar year, moving directly into Post Secondary studies within this policy.
  - 1.2.4 PRIORITY 3 Students who are over the age of 21 and who have been out of school for at least two years, who are in good standing within this policy.
  - 1.2.5 PRIORITY 4 Student graduates of a UCEP program who are in good standing within this policy and wish to apply for a certificate program.
  - 1.2.6 PRIORITY 5 Students from other countries.
  - 1.2.7 PRIORITY 6 Students who have previously dropped out or discontinued their program or who are applying for a certificate program.

**\*\*\*\*FOR YOUR INFORMATION ONLY- DO NOT RETURN\*\*\*\***

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## 2.0 PROCESSING APPLICATION FOR ASSISTANCE:

There may three intakes for review of student applications. For the purpose of clarity, application may be confirmed as having received for review if they have arrived by fax; been postmarked as mailed or delivered in person for:

- September enrolment, application must be received by **May 15**
- January enrolment application must be received by **October 1**
- Intersession/Summer School, application must be received by **April 1**

Application for assistance will be reviewed and decision communicated to the last known address provided by the student within 30 days of the deadline established for each session, or earlier date possible.

## 3.0 APPLICATION PROCEDURES:

- 3.1. Application must be filled out completely.
- 3.2. All returning students must submit their last term marks.
- 3.3. You must be considered a full-time student by the institution to be eligible for living allowances.
- 3.4. If you have been overpaid, repayment must be received by our office prior to approval of new application. Non-Payment will result in a deduction from your living allowance or book fees.
- 3.5. All supporting documentation must be received by our office prior to final endorsement and release of funds.

## 4.0 WITHDRAWING PROCEDURES:

Before you withdraw from a course, first consult your Education Counsellor, then consult your Class Advisor. Failure to do so will result in immediate suspension of funding and possibility of an overpayment.

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## CONSENT TO DISCLOSE AND VERIFY INFORMATION

1. I, \_\_\_\_\_ consent to the release of information to an authorized representative of the Chippewas of the Thames First Nation Post Secondary office for the purpose of determining or verifying my initial or ongoing eligibility for Post Secondary Educational assistance and to the collection of information about me, my spouse/partner, my dependents, and/or any children in my care, for these purposes if necessary, and

2. I further consent to the exchange of information between \_\_\_\_\_  
(College/University)

Regarding any information of funds received, attendance, academic progress reports, financial and/or requests for transcripts pertaining to the period as identified, to the Chippewas of the Thames First Nation Post Secondary Counsellor:

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

3. I further consent to the exchange of information with any service provider offering assistance within mandate of the Chippewas of the Thames First Nation pertaining to paragraph 1 to verify my eligibility for educational assistance.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

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## CHIPPEWA POST SECONDARY PROGRAM

Email: [postsecondary@chippewa-ed.on.ca](mailto:postsecondary@chippewa-ed.on.ca)

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

Have you completed high school? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

Name of High School: \_\_\_\_\_

**IF YOU HAVE NOT GRADUATED HIGHSCHOOL:** *Please complete this section*

What grade level do you have: \_\_\_\_\_ Year: \_\_\_\_\_

Name of High School: \_\_\_\_\_

## OTHER TRAINING AND/OR EDUCATIONAL PROGRAMS

If you have participated in any other training or educational program, please list in the following chart:

| Institution | Course Of Study | Years | Who Funded | Graduated<br>(Y or N) |
|-------------|-----------------|-------|------------|-----------------------|
|             |                 |       |            |                       |
|             |                 |       |            |                       |
|             |                 |       |            |                       |
|             |                 |       |            |                       |
|             |                 |       |            |                       |

Please identify your life goal in selecting the program of study for which you are applying.

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**Please provide copies of transcripts and any diplomas or certificates achieved previous to this application.**

Information provided in this form will be held in total confidence and maintained in your student file. It is used solely to assess your educational goals and skills. This information is not provided to anyone without your written consent.

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## CHIPPEWA POST SECONDARY PROGRAM FAMILY HISTORY CLAIM FOR DEPENDENTS

Applicant: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Marital Status:** Please check one:

Single:

Married:

Common-law:

Separated:

Divorced:

If married or common-law, name of spouse/partner: \_\_\_\_\_

### SOURCES OF INCOME:

Applicant: \$ \_\_\_\_\_ Annual:  Month:  Source: \_\_\_\_\_

Partner/Spouse: \$ \_\_\_\_\_ Annual:  Month:  Source: \_\_\_\_\_

If on Public Assistance, please provide name of worker & contact number and information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Failure to divulge financial information will automatically cause claim for support null and void. When it is necessary to verify family income and/or the number of dependents claimed as living with you, we require written confirmation from a social agency, employer, band office, and/or a copy of you and your spouse/partner's income tax return for the previous year.

**DEPENDENT CHILDREN:** (must be under the age of 20, no income, registered members, your birth children, and must be residing in the home with the student.  
Non-members, foster children, and spouse/partners are not funded)

| Name of Child(ren) | Date of Birth | Registry Number |
|--------------------|---------------|-----------------|
|                    |               |                 |
|                    |               |                 |
|                    |               |                 |
|                    |               |                 |

**FIRST TIME APPLICANTS OR NEW ADDITIONS:** Please provide a copy of your child(ren) status card or available documentation

### DECLARATION:

*I certify that the above information is correct and it is my responsibility to inform the Chippewas of the Thames First Nation Post Secondary Counsellor of any changes during the term of this program. I understand that failure to provide any requested information may result in the termination of the allowance granted for myself and my dependents.*

Signature: \_\_\_\_\_

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

When complete, the information contained herein is used solely to determine eligibility for educational assistance.

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## APPLICATION FOR POST SECONDARY EDUCATIONAL ASSISTANCE

|                                                                                                      |                            |                                     |                                                          |                            |                              |
|------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|----------------------------------------------------------|----------------------------|------------------------------|
| Applicants Name:                                                                                     |                            | Telephone #:                        | Date of Application:                                     |                            |                              |
| Street Address:                                                                                      |                            | Cell:                               | Year: _____                                              | Month: _____               | Day: _____                   |
| City: _____                                                                                          | Prov.: _____               | Postal Code: _____                  | Date of birth:                                           |                            |                              |
| Residence:                                                                                           |                            |                                     | Canadian Residence:                                      |                            |                              |
| On-Reserve <input type="checkbox"/> Off-Reserve <input type="checkbox"/> US <input type="checkbox"/> |                            |                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                              |
| Marital Status:                                                                                      |                            | # of children (who reside with you) | Band Registry #:                                         |                            |                              |
| S <input type="checkbox"/>                                                                           | M <input type="checkbox"/> | D <input type="checkbox"/>          | C <input type="checkbox"/>                               | W <input type="checkbox"/> | SEP <input type="checkbox"/> |
| Sex of Applicant:                                                                                    |                            | Must be your child and registered   | 1660                                                     |                            |                              |
| Male <input type="checkbox"/> Female <input type="checkbox"/>                                        |                            | Email Address:                      |                                                          |                            |                              |

### STUDENT EDUCATIONAL PLAN

|                                                                                                                                   |                                            |                                                                                                    |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|
| New <input type="checkbox"/> Re-enroll <input type="checkbox"/> Continuing <input type="checkbox"/>                               |                                            | Allowance Category <input style="width: 50px;" type="text"/>                                       | Priority <input style="width: 50px;" type="text"/> |
| Program/Course applying for:                                                                                                      | Institution: _____                         | CC <input type="checkbox"/> MA <input type="checkbox"/>                                            |                                                    |
| Full <input type="checkbox"/> Part-time <input type="checkbox"/>                                                                  | Address: _____                             | Univ. <input type="checkbox"/> Ph.D <input type="checkbox"/>                                       |                                                    |
|                                                                                                                                   | City, Prov./State _____ Postal Code: _____ | BA <input type="checkbox"/> Priv. <input type="checkbox"/>                                         |                                                    |
| Length of Program:<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | Telephone: _____                           | Fax: _____                                                                                         |                                                    |
| Year of Study:<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>     | Expected date of Graduation:               | Dates Applied For (current year only):                                                             |                                                    |
|                                                                                                                                   | Year: _____ Month: _____ Day: _____        | START: _____ END: _____<br>Year: _____ Month: _____ Day: _____ Year: _____ Month: _____ Day: _____ |                                                    |

### STUDENTS PLEASE ESTIMATE YOUR COSTS:

|               |
|---------------|
| Tuition:      |
| Books:        |
| Allowance:    |
| <b>TOTAL:</b> |

I confirm by my signature below that the information provided here is accurate and true.

Student Signature: \_\_\_\_\_

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

|                                                                                                                                  |                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>OFFICE USE ONLY</b>                                                                                                           |                                                                                                        |
| CATEGORY                                                                                                                         | INSTITUTIONAL ACCEPTANCE                                                                               |
| P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/>                  | FINAL <input type="checkbox"/> CONTINUED <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> |
| PREVIOUS STUDENT MONTHS:                                                                                                         | OCCUPATIONAL CODE:                                                                                     |
| UCEP <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3 <input type="checkbox"/> |                                                                                                        |

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**OFFICE USE ONLY- TO BE COMPLETED BY POST SECONDARY COUNSELLOR**

**COUNSELLOR'S RECOMMENDATION:**

| YEAR OF STUDY:      |  | CARRY OVER (ADDITIONAL MONTHS) |  |
|---------------------|--|--------------------------------|--|
| Tuition             |  | Tuition                        |  |
| Books               |  | Books                          |  |
| Allowance           |  | Allowance                      |  |
| Other Travel        |  | Other Travel                   |  |
| Other Costs         |  | Other Costs                    |  |
| Scholarships        |  | Scholarships                   |  |
| Graduates           |  | Graduates                      |  |
| <b>TOTAL COSTS</b>  |  | <b>TOTAL COSTS</b>             |  |
| <b>TOTAL MONTHS</b> |  | <b>TOTAL MONTHS</b>            |  |

**COMMENTS:**

|                | R | IN |
|----------------|---|----|
| Transcript     |   |    |
| Confirmation   |   |    |
| ID             |   |    |
| Sponsor Letter |   |    |
| Contract       |   |    |
| Continuing     |   |    |
| Graduated      |   |    |
| Other          |   |    |

This application:

Recommended

Not Recommended

\_\_\_\_\_

Counsellor's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date approved by Board