

# 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

**\*\*CONTINUING 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 be 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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## APPLICATION FOR POST SECONDARY EDUCATIONAL ASSISTANCE

Applicants Name:		Telephone #:	Date of Application:		
Street Address:		Cell:	Year:      Month:      Day:	Date of birth:	
City:      Prov.:      Postal Code:	Residence: On-Reserve <input type="checkbox"/> Off-Reserve <input type="checkbox"/> US <input type="checkbox"/>		Year:      Month:      Day:		
Marital Status: S      M      D      C      W      SEP		# of children (who reside with you) <small>Must be your child and registered</small>	Band Registry #: <b>1660</b>	Canadian Residence: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sex of Applicant: 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: _____ Address: _____		CC <input type="checkbox"/> MA <input type="checkbox"/>
Full <input type="checkbox"/> Part-time <input type="checkbox"/>	City, Prov./State _____ Postal Code: _____		Univ. <input type="checkbox"/> Ph.D <input type="checkbox"/>
Length of Program: 1    2    3    4	Telephone: _____	Fax: _____	BA <input type="checkbox"/> Priv. <input type="checkbox"/>
Year of Study: 1    2    3    4	Expected date of Graduation: Year:      Month:      Day:	Dates Applied For (current year only): <b>START:</b> <b>END:</b> 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"/>	