



## 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 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

## Post-Secondary and University & College Entrance Programs

(CONFIDENTIAL WHEN COMPLETE)

### 5.0 STUDENT ELIGIBILITY

5.1 To be eligible for assistance under the Chippewa Post-Secondary Student Assistance Policy, applicants must:

1. Provide proof of registration as a member of Chippewa of the Thames First nation, and resides in Canada.
2. If a student submits a "Temporary Confirmation of Registration Document" the student must also provide photo identification and a letter from the Chippewa's of the Thames Indian Registry Administrator stating that they are members of Chippewa of the Thames First Nation.
3. Have met university or college entrance requirements, and verify acceptance to a program of study at a post-secondary institution. Please provide copies of transcripts and any diplomas or certificates achieved previous to this application.
4. Students who do not have their grade 12 secondary school diplomas or equivalent and wish to apply for a certificate program will become a priority 5.
5. Students must apply to an eligible program of studies which the completion of secondary school studies or the equivalent is recognized by the post-secondary institution or the Ministry of Education and delivered at an eligible institution.
6. Students must apply to a eligible Institution which is a degree , diploma, or certificate granting institution that is;
  - a) Recognized by province or territory(Canada/Abroad)
  - b) Educational institution recognized to deliver post-secondary programs by agreement with an eligible post-secondary institution. Link to list of eligible institutions [www.aadnc-aandc.gc.ca/eng/1429541743524/1429541857774](http://www.aadnc-aandc.gc.ca/eng/1429541743524/1429541857774)

5.2 Within the limits of funding received by *Chippewas of the Thames First Nation*, through contribution from the Southern First Nations Secretariat, the Post-secondary Program will provide financial assistance through the following priority allocation system:

Priority Designation	Definition of Designation
<b>1</b>	Students continuing post-secondary studies that are in good standing within this policy, and were funded the previous academic year or semester by Post- Secondary Program. Applicants enrolling in Aboriginal Teacher Language Programs. Students, who have ceased to attend school for extenuating circumstances, which can be documented.
<b>2</b>	Deferred students/applicants from the previous year who were eligible the first time applicants and denied due to the lack of funding. Continuing successful self-funded students.
<b>3</b>	Students newly graduated from secondary school, within a calendar year, moving directly into post-secondary studies within this policy.
<b>4</b>	Adult/Mature students who are first time applicants and age 21 and over, GED/ ACE graduates. Also, UCEP graduates.
<b>5</b>	Adult/mature students age 21 and over returning after a break (for 2 or more consecutive semesters) in post-secondary studies, and in good standing within this policy and meeting all other eligibility criteria.
<b>6</b>	Students who have previously dropped out or discontinued their Program, and have been out of school for two or more consecutive academic semesters.
<b>7</b>	Students not in good standing from a previous semester. May be eligible, for the costs of tuition and books only as per available funds.

## 8.0 LIMITS OF ASSISTANCE

8.1 Assistance may be provided for one-time sponsorship (called tickets) in each level, at the UCEP and three levels of post-secondary education:

**UCEP:** College Certificate Programs: Pre-Health, Pre-Technology or foundational programs (one-year or 8 to 16 months).

**Level I:** Community College Diploma and CEGEP diploma or Certificate Programs (1 – 3 years or 8 – 24 course months).

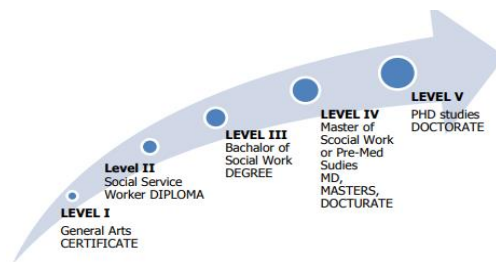
**Level II:** Undergraduate programs (3-4 years or 24 – 32 course months.)

**Level III:** Advanced or Professional Degree Programs or Masters Programs (1-3 years or 12 to 36 course months.)

**Level IV:** Doctoral (Program 4 to 48 months.)

### TICKET EXAMPLE:

Following the Education Path of Social Work. A 2nd Ticket is changing Education paths, from Social Work to Accounting pathway.



## 9.0 PROCESSING APPLICATION FOR ASSISTANCE:

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

September enrolment by ..... May 1<sup>st</sup>  
January enrolment by ..... October 1<sup>st</sup>  
Intersession/Summer school ..... March 1<sup>st</sup>

Applications for assistance will be reviewed and decisions communicated to the last known address provide by the student within 30 days of the deadline established for each session. Intersession will be funded only when it is a regular scheduled semester for continuing students in addition to Native teacher specific programs which are offered only in summer, i.e....Native Teacher, Native Language, Native Classroom Assistant.

## 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.

**\*\*\*\* For your Information only - Do not Return \*\*\*\***



## 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 Fax: 519-289-0633

### APPLICATION FOR POST SECONDARY EDUCATIONAL ASSISTANCE

#### STUDENT INFORMATION

Surname:	First and Middle Name:	
Chippewa Band Registry Number: <b>1660</b> _ _ _ _ _	Date of Birth: (MM/DD/YY)	
Gender: (circle) Male/female	Have you been living in Canada for the past 12 months? (circle) YES / NO	
Date of Application: (MM/DD/YY)	Residence: (circle) On Reserve / Off Reserve	
Home Address:	Address While at School:	
Street Address:	Please Circle : Off Campus / Campus Residence	
City:	Street Address:	
Province:	City:	
Postal Code:	Province and Postal Code:	
Telephone:	Email: (must be a valid working email)	
Marital Status: (circle) Single / Married / Divorced / Common Law / Separated	# of Children (who reside with you)	
Emergency Contact:		
Name:	Relationship:	Phone #:
Did Applicant apply for OSAP? (circle) YES / NO If yes, amount of grant? _____	Did Applicant receive a Bursary/Scholarship? (circle) YES / NO If yes, amount received? _____	

#### STUDENT EDUCATIONAL PLAN

Enrollment: (circle) All returning students must submit their last term marks. <b>New student / Continuing / Re-enroll</b>	Program applying for:
Institution Name:	Campus Location:
Institutional acceptance: (circle) Final / Continued / Conditional	Length of Program: (circle) 1 2 3 4 Current Year of study: (circle) 1 2 3 4
Attendance: (circle) Full Time / Part Time	Delivery Method: (circle) Class / On-line / Combined / Distance / Co-op

Program Level: (circle) Level 1 – College Level 2 – Undergraduate i.e., B.A. Level 3 - Graduate/Professional i.e. M.A., M.D. Level 4 – Doctoral i.e Ph.D.	Academic Period for this application: (MM/DD/YY) Start date: _____ End date: _____ Expected Date of Graduation:(MM/DD/YY) _____	<b>STUDENT PLEASE ESTIMATE YOUR COST</b> Tuition Expense: _____ Books Expense: _____ Living Expenses: _____ Additional Program expenses: _____ TOTAL Expenses: _____
---	---	---

**CAREER ACTION PLAN**

Date of Last School Attended:(MM/DD/YY)	Name of last School Attended:
What Subject(s) did you earn your best grades: (All returning students must submit their last term marks.)	Credential Acquired at Last School Attended: (circle) OSSGD / GED / Certificate / Diploma / Degree
Have you been previously funded through our program? (MM/DD/YY)	Do you require an Individual Education Plan IEP? (circle) YES/NO

Describe Your Career Goal?

How did you arrive at this decision?

Is your current Student Educational Plan related to your career goal and a continuation of your secondary school training? Please Explain

Are there any barriers you need to overcome to achieve a post-secondary graduation?

Please list other Post-Secondary funding resources you are aware that you may access to help offset education expenses not covered by Chippewas of the Thames Post-Secondary Program.

List relevant Employment opportunities for the career you have chosen.

**OTHER TRAINING AND/OR EDUCATIONAL PROGRAMS COMPLETED, PLEASE LIST:**

Institution	Course of Study	Length of Course	Funded by	Certificate/Diploma/Degree Obtained

I confirm by my signature below that the information provided here is accurate and true and I agree to inform Chippewas of the Thames First Nation Post-Secondary Program of any changes which may affect my eligibility for funding. I declare that I have read, understood, and agree to comply with all definitions, policies, and guidelines of the Chippewas of the Thames First Nation Post-Secondary Program. I certify that all information in this document is accurate and true. I agree to inform Chippewas of the Thames Board of Education Post-Secondary Office of any changes which may affect my eligibility for funding.

Student Signature:	Date:

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.



# 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 Fax: 519-289-0633

## Consent to Release of Personal Information

The completion and signing of this form by the student provides consent and permission to the \_\_\_\_\_

\_\_\_\_\_ (Name of School) to share the personal information identified below with an authorized representative of Chippewas of the Thames First Nation Board of Education Post- Secondary office as listed below as third parties for the indicated period of time.

### Student Information

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

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

Phone Number: \_\_\_\_\_

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

Academic Year: \_\_\_\_\_

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

### Chippewas of the Thames Board of Education Post-Secondary Office Third Party Information

Name: Debbie Dolson-Young

Position: Post-Secondary Counsellor

I, \_\_\_\_\_ (student name) consent to the release of information to an authorized representative of Chippewas of the Thames First Nation Post-Secondary Office (indicated with a check mark)

- ✓ Determine eligibility
- ✓ Verify eligibility
- ✓ Collection of information about me, my spouse/partner, my dependents, and/or any children in my care
- ✓ Attendance
- ✓ Academic progress reports, transcripts, grades, GPA
- ✓ Teacher's Comments
- ✓ Discipline Record
- ✓ Enrolment Status
- ✓ Funds received, OSAP payments, payments, restrictions.
- ✓ Student Account (tuition fee, residence fee, school bursary or grants received)

I further consent to the exchange of information with any service provider offering assistance within the mandate of the Chippewa of the Thames First Nation Board of Education Post-Secondary Program pertaining to paragraph 1 to verify my eligibility for educational assistance.

### Time Period during which information may be shared

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

(MM/DD/YYYY)

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

(MM/DD/YYYY)

I have read and understand this consent for the release of information. With my signature below, I authorized the release of to the person(s) named on this form, during the time period indicated, the identified information pertaining to my enrollment as a student with the Chippewas of the Thames First Nation Board of Education Post-Secondary program.

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

\_\_\_\_\_  
Date

*The information you provide and any other information placed in a student file will be protected and used in compliance with the Ontario's Freedom of Information and Protection of Privacy Act and will be disclosed on in accordance with this Act.*

**CHIPPEWA POST SECONDARY PROGRAM**  
**Dependent Declaration**

**FAMILY HISTORY CLAIM FOR DEPENDENTS**

Applicant Name:	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: <input type="checkbox"/> Month: <input type="checkbox"/> Source: _____
Partner/Spouse: \$ _____	Annual: <input type="checkbox"/> Month: <input type="checkbox"/> 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

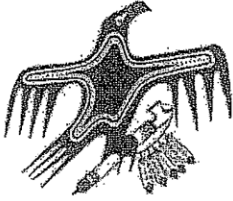
Please provide a copy of your child(ren) status card or available documentation

**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.



## Post Secondary Student Contract

This contract between:

Chippewas of the Thames First Nation

and

\_\_\_\_\_  
Student Name

### Articles of Contract:

1. To satisfy the academic requirements specified by the institution, including attendance at all scheduled classes.
2. That educational assistance is not intended to be sufficient to pay off personal debts. Allowances should be budgeted to last for the entire month. No advances will be given.
3. That other income such as E.I., GWA, or OW will be reported when applying for Educational Assistance. However, bursaries, scholarships or income from a part-time job will not affect the monthly allowance. No student is allowed to work full-time and still receive the allowance.
4. No collect calls will be accepted by the Chippewa First Nation.
5. That any program changes, including course withdrawals must be approved by an Education Counsellor from the College or University with final approval by the Career Guidance Counsellor from the Chippewas of the Thames First Nation.
6. To notify the Career Guidance Counsellor immediately if withdrawing from the school or course, and to complete the necessary withdrawal forms.
7. That college or university transfers should be initiated early enough to avoid being enrolled in a second choice program.
8. That when tuition or residence fee payments are required, such notice will be forwarded to the Career Guidance Counsellor immediately. Delays may result in losing a place in a program residence.
9. That transcripts for each school semester and/or mid-term marks must be submitted to the Chippewas of the Thames First Nation Career Guidance Counsellor as soon as they are available from the college or university.
10. That should a student receive Educational Assistance to which he/she is not entitled as outlined in policy item 13.a and b, the student is placed in a "Student not in Good Standing" category and will become ineligible for any further assistance for a period of 3 years. The outstanding amount owed to the Post Secondary program must be repaid in full before further assistance will be considered.

**IF ONE OR MORE OF THE ABOVE CONDITIONS OR RESPONSIBILITIES ARE NOT MET, MY EDUCATIONAL ASSISTANCE WILL BE WITHDRAWN IMMEDIATELY. I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS AND RESPONSIBILITIES.**

Dated this \_\_\_\_\_ day of

\_\_\_\_\_ 20\_\_\_\_.

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

\_\_\_\_\_  
Debbie Dolson-Young  
Post-Secondary Counsellor  
Chippewas of the Thames First Nation .

File Copy - White



## 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 Fax: 519-289-0633

### **Application for Post Secondary Educational Assistance**

#### **Application Checklist**

Please ensure all supporting documents are submitted with this application.

- **Application** is fully completed (no blank spaces), signed and dated.
- Original application must be mailed or hand delivered to Chippewa of the Thames First Nation Board of Education office.
- A copy of your **Secondary School transcript** and diploma or prior **post-secondary transcript**
- All returning students must submit their **last term marks**.
- Copy of your **status card** (front and back) or a current letter from the Chippewas of the Thames First Nation Indian Registry Administrator accompanied with photo id.
- Submit a completed **Direct Deposit Form** from your banking institution(Canadian banking institutions only)
- Copy of your tentative **acceptance letter** from the post-secondary institution you will be attending.
- **Consent to Release of Personal Information** form is fully completed, signed and dated.
- **Student Contract** if fully completed, signed, and dated.

**REMINDER:** Please submit your **Final Acceptance letter**, **official copy of course schedule** and **fee and tuition statement**, as soon as you receive it.