



Beausoleil Education Department

11 O'Gemaa Miikaan
Christian Island, ON
L9M 0A9
705-247-2051 Fax: 705-247-2239

STUDENT APPLICATION PACKAGE

Please note that the deadline for applying for Post Secondary Education Assistance for students each year is:

Deadline: March 15th (For all semesters, pending available funds)

In order to process your application, the following criteria is required in our office by the **deadline date** (faxed or emailed copies are acceptable, however, originals must be provided by mail).

1. Your written request explaining your education and career goals
2. Documents of previous education (photocopies are accepted)
3. A letter of acceptance from the College/University (asap)
4. Attached Post Secondary Application Form (completed and signed)
5. Attached Consent Form
6. PSSAP Acknowledgement Form
7. Post Secondary Student Contract (signed and dated)
8. Transcripts from High School for Grade 12 graduates
9. Transcripts from Post-Secondary for Continuing Students
10. A letter of reference from previous employer or professional (for part-time or Distance Education programs)

Contact the Education Office if you need assistance in completing or accessing any of the letters to avoid unnecessary delays of missing the application deadline date. Incomplete applications will not be considered.



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POST SECONDARY APPLICATION FORM

Section 1: PERSONAL INFORMATION

Legal Surname:		Given Names:	
Date of Birth: (mm/dd/yyyy)		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Home Address:			
Address while at school: (if different)			
Will you be living with your parent(s) during your period of study? Yes <input type="checkbox"/> No <input type="checkbox"/>			
10 digit Band Number:		Email Address: (required)	
Cell Phone:		Alternate Contact Phone:	
Emergency Contact:		Emergency Contact Telephone:	
Spouse's Name:			
Marital Status: Single <input type="checkbox"/>		Single Parent <input type="checkbox"/>	
Married/Common Law <input type="checkbox"/>			
Number of dependents: _____ (Attach a copy of birth certificate & status card)			
<u>Name(s)</u>	<u>Date of Birth</u> (mm//dd/yyyy)	<u>Relationship</u>	

Section 2:**EDUCATIONAL PLAN**

What is the name of the Post Secondary institution you plan to attend? (e.g. York University)

Which campus or college of the above institution will you be attending? (If applicable, e.g. Barrie Campus)

In which city/town is the above institution located?

What is the name of your program? (e.g. Business, Accounting, Chemical Engineering)

What is the Program start date? From: _____ To: _____
(mm/yyyy) (mm/yyyy)

Which term(s) will you start your period of study? Spring Summer

Fall Winter

Will you be attending school? Full-time or Part-time

Method of Delivery? Classroom Distance Education On-line

Blended: Classroom and Distance Education

Blended: Classroom and On-line

Level of Education sought?

1. Certificate 2. Diploma 3. Bachelor's degree

4. Master's degree 5. Doctoral degree

Which year of your program will you be entering? (e.g. year 1, 2)

Academic Program Length? (e.g. 3 years, 4 years)

Is there a cooperative education (co-op) program that is mandatory? Yes No

What term(s) are the co-op? Spring Summer Fall Winter

What percentage of a full course load will you be taking?

%

PLEASE LIST ALL SECONDARY SCHOOLS ATTENDED OR BEING ATTENDED

Year to Year	Name of School	Address of School (City, Province)	Diploma (Attach a copy)

Have you ever taken full-time post-secondary studies? Yes No

PLEASE LIST ALL POST-SECONDARY SCHOOLS ATTENDED OR BEING ATTENDED

Year to Year	Name and Location of School	Year/Level	Program

Have you been sponsored by Beausoleil First Nation before? Yes No
 If yes, what year? _____

Did you successfully complete your last year of school attended? Yes No

Are you scheduled to continue into the next year? Yes No

Date scheduled to graduate? _____
 (mm/dd/yyyy)

Is there a deadline for tuition? Yes No

If yes, what is the date? _____
 (mm/dd/yyyy)

Are you planning on living in Residence? Yes No

If yes, what is the deposit date deadline? _____
 (mm/dd/yyyy)

Section 3: APPLICANTS' DECLARATION AND SIGNATURE

Please provide best estimate for the following:

- **tuition costs and mandatory fees**
- **residence fees, meal plan, etc.** (living allowance)
- **books**

Tuition: \$ _____

Living Allowance: \$ _____

Books: \$ _____

I request financial assistance from Beausoleil First Nation to undertake my post-secondary studies in the amount of \$ _____

It is student's responsibility to opt out of any optional fees (e.g. health & dental)

I will use this assistance to pay the costs associated with my program of studies. I authorize Beausoleil First Nation to collect, use and disclose data and information on verifying any information related to any assistance I have given complete and true information on this form and I understand that failure to do so may prevent my qualifying for assistance in the future. I understand that if I should receive assistance, it is awarded to me on the condition that it will be used for the purposes for which it was intended. I understand that if I do not respect this condition, it may result in loss of eligibility for future Beausoleil First Nation funding.

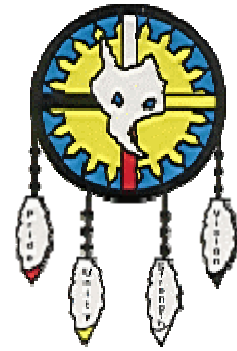
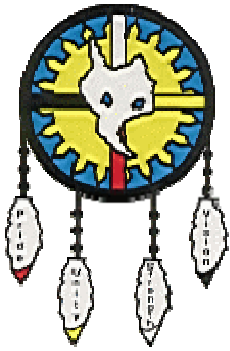
I understand that, in respect of assistance, if I knowingly make a false statement or misrepresentation in an application or other document or willfully furnish any false or misleading information I will not be provided with any assistance in the future.

X _____
Signature of Applicant

Date (mm/dd/yyyy)

The information on this form is collected under the authority of the *Freedom of Information and Privacy Act*. This information will be used to determine and verify the client's eligibility for the purposes of post-secondary funding under the Beausoleil First Nation Post-Secondary Student Assistant Policy and framework. If you have questions, please contact Nancy Assance at 705-247-2051.

**** Please attach a void cheque or Direct Deposit authorization form ****



POST SECONDARY STUDENT ASSISTANCE POLICY

The Beausoleil First Nation Post Secondary Student Assistance Policy describes important information about educational sponsorship, and I understand that I should consult the Director of Education or Education Manager regarding any questions not answered in the BFN Post Secondary Student Assistance Policy. I have entered into an obligation with Beausoleil First Nation voluntarily and acknowledge that there is no specified length.

Since the information described herein is subject to change, I acknowledge that revisions to the BFN Post Secondary Student Assistance Policy may occur. All such changes will be communicated through email, or electronic communication such as Beausoleil First Nation website or email. I understand official notices and revised information may supersede, modify, or eliminate existing policies. Only the Chief and Council or designee(s) has the ability to adopt any revisions to the policies in the BFN Post Secondary Student Assistance Policy.

I have received the Beausoleil First Nation Post Secondary Student Assistance Policy and I understand that it is my responsibility to read and comply with the policies, contained in the BFN Post Secondary Student Assistance Policy and any revisions made to it.

Student Name (printed): _____

Student Signature: _____

Date: _____

Beausoleil Education Department

Beausoleil First Nation
11 O'Gema Miikaan, Christian Island, Ontario L9M 0A9

POST SECONDARY STUDENT CONTRACT

As a student sponsored by the Beausoleil first Nation, under the Post-Secondary Student Assistance Policy, I agree to and accept the following conditions and responsibilities:

1. To satisfy the academic requirements specified by the institution, including attending all classes, or as outlined under "Probation" in the Post-Secondary Education guidelines.
2. The educational assistance is not intended to be sufficient to pay off personal debts.
3. Proof of dependents must accompany the application form. Copies of birth certificate and status card are acceptable.
4. No collect calls will be accepted by the Education Office.
5. Any program changes, including course withdrawals must be approved by an Education Manager from the college or university with final approval by the Education Director.
6. Notify the Education Department immediately if withdrawing from the school and to complete the necessary withdrawal forms.
7. College or University transfers to be submitted early so as to avoid being enrolled in a second choice program.
8. When tuition or residence fee payments are required, such notice will be forwarded to the Education Department immediately. Delays may mean losing a place in a program or residence.
9. Transcripts for each school semester must be submitted to the Education Department 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, he/she will be required to repay the full amount before further assistance is approved.
11. Invoices/receipts be submitted to the Education Department.
12. Notify the Education Director of any changes in information supplied on the application.

If one or more of the above conditions or responsibilities are not met, educational assistance will be withdrawn. I understand and agree to the above conditions and responsibilities.

_____ Date: _____
Student Signature

_____ Date: _____
Director's Signature

