

FORMS

ANNEX A: Maximum Levels of Monthly Living Allowances

a) Single Student living with employed parents -Student who live with their employed parents in the same home while attending institution of choice	\$1300
b) Single Student living on own	\$1500
c) Student with Employed Spouse	\$1400
1 additional dependent	\$1600
2 additional dependents	\$1800
3 additional dependents	\$2000
4 additional dependents	\$2200
5 additional dependents	\$2400
d) Student with Dependent Spouse	\$1575
1 additional dependent	\$1775
2 additional dependents	\$1975
3 additional dependents	\$2175
4 additional dependents	\$2375
5 additional dependents	\$2575
e) Single Parent with 1 dependent	\$1895
2 dependents	\$2095
3 dependents	\$2295
4 dependents	\$2495
5 dependents	\$2695

ANIMAKEE WA ZHING 37
PO Box 267
SIOUX NARROWS, ON
POX 1N0

ANNEX B: Application Package Instructions

Whether you are considering entering into Post-Secondary education for the first time, or are returning for another year this package will help us determine your eligibility, and update our files for any changing information.

Please read and complete **all required forms** carefully and ensure that all **supporting documents are attached**. Missing information, signatures or supporting documents, will render the application incomplete, delaying processing and possibly affecting the student's entrance into their chosen school.

Applications for financial educational assistance must include the following:

1. A completed "Application for Educational Assistance Form"
2. A signed and dated "Student Contract Form"
3. A completed "Transcripts Release Form"
4. Documented proof as follows:
 - **copy of your status card**
 - **letter of acceptance from school, or copy of transcripts.**
 - **copy of family allowance benefits for dependents, if applicable**
 - **proof of dependent / employed spouse, if applicable**
5. A budget of costs - tuition(**paid directly to institute**), books(**paid directly to institute**), special equipment and travel **-with documents of proof**, (Bookstore Quote etc.)
6. Banking Information: Living allowance is **directly deposited** to your account on the 25th day of the month, so please include your bank account number, transit number and bank number; **you can call your branch to send you a paper with this info on it, also include a consent form so finance can have access to your banking information on file.**
7. A completed EI Disclosure Form.

Application Deadlines: **April 1st for Summer Enrollment**
 June 1st for September Enrollment
 October 1st for Winter Enrollment

Mail your completed Application to the Education Councillor at the above address.

Include any other relevant Contact Names and Numbers from your school on a separate sheet.

Should you have any questions on completing the application, please feel free to call me for help.

Thank you and good luck in your Post-Secondary endeavours.

From your friendly Education Counsellor

Application for Post-Secondary Educational Assistance

STUDENT INFORMATION					
Surname	Given Name	<input type="checkbox"/> Male	<input type="checkbox"/> Single		
		<input type="checkbox"/> Female	<input type="checkbox"/> Married / Common-law		
DOB (mm/dd/yyyy)		Status #		SIN #	
Address					
Phone #		Fax #		Email:	
Banking Information – For Direct Deposit purposes only....					
Bank Name		Bank#	Transit #	Account #	
Is Living Allowance Required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Residency Fees	
<input type="checkbox"/> Employed Full Time		<input type="checkbox"/> Employed Part Time		<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Spouse Employed Full Time		<input type="checkbox"/> Spouse Employed Part Time		<input type="checkbox"/> Spouse Unemployed	
Dependent Name		Relationship		Date of Birth	
STUDENT EDUCATION PLAN					
Type of School: <input type="checkbox"/> Community College <input type="checkbox"/> University Diploma <input type="checkbox"/> B. A. <input type="checkbox"/> M. A. <input type="checkbox"/> Ph. D					
<input type="checkbox"/> New Student		<input type="checkbox"/> Full Time		Length of Program _____ Year of Study _____	
<input type="checkbox"/> Re Enrollment		<input type="checkbox"/> Part Time			
		<input type="checkbox"/> Final Acceptance			
		<input type="checkbox"/> Continued Acceptance			
		<input type="checkbox"/> Conditional Acceptance			
Course Description and Code					
Start Date					
End Date					
School Name					
Address					
Phone Number					
Fax Number					
Enrollment Counselor or Contact					
Contact Email or Phone Ext					
Academic Level Completed					
High School	Level I	Level II	Level III	Level IV	UCEPP
For Office Use - Only	Priority	Recommended	Not Recommended	Funding Dependent	

PLEASE NOTE: This application SHALL NOT be considered complete and WILL NOT be processed until ALL supporting documents as listed on Cover sheet of Application Package are attached and received by the Education Committee.

Student Contract Form

As a student receiving financial assistance for Post-Secondary purposes you must comply with the following:

1. Read and understand the Animakee Wa Zhing 37 Education Policy.
2. Attend your classes regularly.
3. Should you miss two or more days, a justified reason is required (i.e.: doctor certificate).
4. You cannot use this assistance program for personal gain. (Car payments, credit cards, personal expenses, etc.).
5. Should you use this assistance for personal gain, you will be disqualified and you will no longer receive assistance from the Band for Post-Secondary Education purposes.
6. Must notify Animakee Wa Zhing 37 Education Counsellor of withdrawal from school. If notification does not occur, full fees will be requested as repayment from your First Nation community. With notification, any funding received after the month of retirement from school, will be reimbursed by the student.
7. Must submit your transcript to the Education Counselor to determine eligibility. If the transcript warrants academic probation, the Education Counselor will activate the actions from Section 10.

My signature below, confirms that I have read the above terms and conditions, and agree to abide by them.

Student Signature _____

Dated _____

Education Counsellor Signature _____

Dated _____

ANIMAKEE WA ZHING 37
PO BOX 267
SIOUX NARROWS, ON
P0X 1N0

Transcript Release Form

College or University:	Student Name:
	Student Number:

I, _____, hereby authorize, _____

Student Name

School Name

to release my transcripts and attendance records to the Animakee Wa Zhing 37 Education Counsellor while I am enrolled in the following program.

Program/Course	Program Length	Year of Study
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In the event that I have to withdraw from the above program, notification shall be sent to the Animakee Wa Zhing 37 Education Counsellor, and any tuition to be refunded shall be made payable and sent to:

Animakee Wa Zhing 37 First Nation

Student Signature _____

Dated _____

Education Counsellor Signature _____

Dated _____

ANIMAKEE WA ZHING 37
PO BOX 267
SIOUX NARROWS, ON
POX 1N0

Student Budget Request Form

Submit COMPLETE BUDGET for the year.

Name:			
School:			
Course of Study:			
Start Date:		End Date:	

Submit **COMPLETE BUDGET** for the year. Once all budgets are reviewed by the Education Committee and accepted, any additional costs after application deadlines will be considered as a request to Chief and Council will be subject to the sole discretion of the Chief and Council.

<i>For Office Use Only</i>	Amount Requested	\$	Amount Approved	\$
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Student Signature _____ NWA37 Signature _____

<i>PARTICULARS</i>	REQUESTED AMOUNT Student to fill out	AMOUNT APPROVED For office use only
TUITION (Total for the Year)		\$
BOOKS (Total for the Year)		\$
RESIDENCE FEES – from school # ___ mos X \$ _____ per mos = →	_____	\$
MEAL PLAN – from school # ___ mos X \$ _____ per mos = →	_____	
OR		
LIVING ALLOWANCE # ___ mos X \$ _____ per mos = → (See education policy for eligible amounts.)		\$
SPECIAL EQUIPMENT (<i>REQUIRED</i> to complete course (Scrubs, snowshoes, stethoscope) see course Outline <i>if funds available</i>) _____(enter items that you need) _____(please get a quote from supplier)	_____ _____	\$
		\$
TRAVEL ALLOWANCE - Travel to and from school Least expensive mode of transport (max 2 – 1way trips) <i>if funds available</i> # Trips _____ X mileage (.54 per km) \$ _____ or (Air/Bus/Boat) Fare \$ _____		\$

Request for Disclosure of EI Program Eligibility

I, _____ do hereby consent to the disclosure and/or use of

Name of Individual

Personal information dealing with current & dormant Employment Insurance Claims only for the purpose of establishing eligibility for EI Supports and Measures.

For which purpose my personal information has been requested by and may be disclosed to:

SHOONIIYA WA-BIDOONG AND ANIMAKEE WA ZHING 37.

a) Current BPC c/w _____ Start Date: _____

Anticipated Expiry Date: _____ Benefit Rate \$ _____/Week

Date of First Week Benefits are Payable _____

Or

b) Dormant BPC c/w _____ Date of Last Week Benefits Paid _____

(Reachback Client's who have qualified for EI in Past 3 Years)

Or

c) Dormant Maternity/Parental/Sick BPC c/w _____ Start Date: _____

(Reachback for Special Benefits Recipients Commencing Within the Past 5 Years)

Comments if any: _____

(Signature of Individual Giving Consent)

(Date)

(Address)

(_____)_____
(Telephone Number)

****Note:** If the individual wishes to refuse consent he/she should destroy this form.

Verified by: _____ Date: _____ Time: _____

Checklist for Education Package

This Checklist for New and Continuing Students has been created to ensure that all applications are fully completed, **NO APPLICATIONS WILL BE ACCEPTED THAT ARE INCOMPLETE**, and that all students are aware of the responsibilities that they will be facing as a full time student.

Applications:

HAVE YOU?

- **Fully Completed** all required Sections in the Application
- Attached A Copy of your Status Card
- Attached Your Acceptance Letter
- Attached any required proof, –Quotes – Proof of Dependents (Family Allowance Statement)
- Attached Direct Deposit Banking Paper(contact your branch) or Filled in Correct Banking Info
- Completed and signed Student Contract
- Completed and signed Transcript Release Form
- Completed Budget Request- the more information on your **True or Complete** course cost, the quicker Council can decide on your application. These numbers need to have required proof (Book Store quote)
- In the Travel Allowance, The Animakee Wa Zhing 37 Education / Finance Office will calculate the cost.
- Completed and signed EI Disclosure Form, if applicable

It is the responsibility of the student to:

- Contact Your Enrollment Councilor or Student Councilor (Native Liaison) and Bookstore to obtain all of your necessary information, i.e. Contact Information, Tuition Fees Residency Fees, Book Fees (**get written quote from Bookstore**) etc.
- Finance their own moving costs and any deposits for utilities, such as gas, hydro, telephone, etc.
- Arrange for accommodations that will be affordable based on the amounts stated in your approval letter.
- Ensure that accommodations are at a reasonable distance from the school or institution so that you are able to commute to and from school in a timely, affordable manner. (i.e. Public transit, walking.)
- Budget yourself according to the amount stated on the approval letter. This allowance is to be used for groceries, rent, utilities, transportation, parking and any other necessities.
- It is the responsibility of the student to maintain and communicate with the Post-Secondary Education Counsellor to ensure funding remains uninterrupted.

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ANNEX C: Application for Post-Secondary Studies Incentive

Surname	Given Name	Date of Birth M D YR
Address		
Telephone No.	Fax No.	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Status No.	Email Address	

I am applying for:

- Level IV incentive**
- Level III incentive**
- Level II incentive**
- Level I incentive**

Program of Study/Course Description					
Level of Program: Community College University Diploma B.A. M.A. PhD				Attendance Full-time Part-time	
Length of Program Yrs.	Years of Attendance	Graduation Date M YR	Current GPA		
Name of Institution					
Institution Address					
Telephone No.			Fax No.		
Highest Level of Academics Completed High School Level I Level II Level III Level IV CEGEP					

All applications must include a letter describing:

1. Why they believe themselves to be the best candidate for the scholarship.
2. How the program of studies they are pursuing directly contributes to achieving self-government and economic self-reliance.
3. Your involvement in Animakee Wa Zhing 37 activities or events such as Band meetings, Health Fairs, Career Fairs, Community gatherings, Committees, Volunteer Activities, etc.

AND -- A copy of your most recent school transcript.

NOTE: APPLICATIONS WILL NOT BE PROCESSED IF INCOMPLETE OR MISSING DOCUMENTS

Please send to: Animakee Wa Zhing 37
Attn: Education Committee
PO Box 267
Sioux Narrows, Ontario
POX 1N0

****DEADLINE FOR SUBMISSION OF APPLICATIONS IS APRIL 30TH . ****

ANNEX D: Student Academic Probation Contract

Student Name: _____ Email: _____

Cell/Phone: _____ Program of Study: _____

Current cumulative grade point average: _____ GPA must be raised to: _____

Institution: _____ Student Number: _____

Part 1: I understand that I must meet the following conditions:

1. Attend all classes regularly;
2. Maintain minimal grade point average for continuing in your program of studies;
3. Completion of course work and submitting assignments on time;
4. Provide the Animakee Wa Zhing 37 Education Committee with a copy of transcripts for each semester;
5. I need to update my Post-Secondary Education Counsellor of any changes or information that is required of me;
6. Submit **ANNEX E: Monthly Progress Reports** before allowance can be release; and
7. Talk to my instructor(s)/professor(s) to see how I may improve my grades in the course (s).

Part 2: I will request supports offered by the institution that I attend to help me improve in:

(check any that apply to you)

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic writing skills | <input type="checkbox"/> Research skills | <input type="checkbox"/> Study skills |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Proof reading | <input type="checkbox"/> Time management |
| <input type="checkbox"/> Workshops | <input type="checkbox"/> Counselling/Elder Support | <input type="checkbox"/> Other: _____ |

Part 3: I agree to the above terms:

I have read, understand and agree to meet the conditions listed above. If these requirements are not met in full, I understand that funding for Post-Secondary Education may/will be suspended.

Student Signature: _____ Date: _____

Post-Secondary Education Counsellor's Signature: _____ Date: _____

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ANNEX E: Student Monthly Progress Report

Name: _____ Month: _____

Program: _____ Institute: _____

Name of Course	Current Grade	Attendance	Comments/Action Required	Instructor's/Professor's Signature

Student Signature: _____ Date: _____

Post-Secondary Education Counsellor's Signature: _____ Date: _____