



CURVE LAKE FIRST NATION
Post Secondary Financial Assistance Application

FOR OFFICE USE ONLY:
<input type="checkbox"/> NEW
<input type="checkbox"/> RETURN
DATE RECEIVED _____

TO APPLICANT:

Please complete your application accurately to avoid delay in processing.

A. Sections 1, 2, 3 and 5 must be filled out in full by all applicants.

B. Section 4 must be filled out by those claiming dependents.

SECTION 1 - Personal Information

_____/_____/_____
 (Last Name) (First) (Second)

_____/_____/_____
 (Band Number) D.O.B. (Month) (Day) (Year)

Marital Status: Single () Married/Partnership () complete Section 4 if checked E-mail _____

Permanent Home Address: _____

_____/_____/_____/_____
 (Reserve / Town / City) (Province) (Postal Code) (Telephone Number)

Current Mailing Address: _____

(If different from above) _____ (Street)
 _____/_____/_____/_____
 (Reserve / Town / City) (Province) (Postal Code) (Telephone Number)

SECTION 2- Educational Information

I hereby make application for assistance to attend:

Name of Educational Institution _____

Address of Institution _____

_____/_____/_____
 (City / Town) (Province) (Postal Code)

 (Telephone Number)

To enroll in: Major(s) _____ Full Time () Part Time ()*
 * must advise if employed full-time

From (starting date) ____/____/____ to (ending date) ____/____/____
 (Month) (Day) (Year) (Month) (Day) (Year)

Certificate () Diploma () Bachelor () Masters () PhD () Other ()

SECTION 3 – Educational History

Last School Attended:

1. High School ____/_____
 (Name) (Year)

 (Grade Level or Diploma) Completed: () YES () NO

2. Post-Secondary Institutions Attended:

_____/_____/_____
 (Name) (Degree / Program) (Year)

_____/_____/_____
 (Name) (Degree / Program) (Year)

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SECTION 4 – Dependent Information

This section is to be completed by students claiming dependents:

Spouse's/Partner's Name _____ Birth Name _____
(If Applicable)

For the Period that I am applying for financial assistance, my Spouse/Partner:

- a) Will live with me YES NO
- b) Will be a full time student YES NO
- c) Will be employed YES NO
- d) Other (please explain) _____

Dependents:

1. _____ / _____ 2. _____ / _____
(Name) (Birth Date) (Name) (Birth Date)

3. _____ / _____
(Name) (Birth Date)

Will your Dependents live with you while you attend school? YES NO

SECTION 5 – APPLICANT DECLARATION

I hereby apply for financial assistance under the Post-Secondary School Assistance Program for the period indicated in Section 2. The information that I have provided is accurate to the best of my knowledge.

I AGREE:

1. To provide proof of registration to the Curve Lake Education Department at the beginning of each term.
2. To immediately report any changes to my student and / or program status.
3. To adhere to school regulations and meet the standards required by the school for continuation in my course of studies.
4. To provide my marks to the Curve Lake Education Department promptly after each completed semester.
5. To complete and submit new application form by the deadlines (below) for each year of enrollment.

I DECLARE:

1. My application does not contain any misleading, false or fraudulent information and I understand that I would be required to repay any monies paid to me under this program together with the reasonable costs of the First Nation and interest on the monies received should it become apparent that such misleading, false or fraudulent information is included on this application.
2. If my circumstances change during the funding period so that either (1) I am no longer enrolled at or in attendance at the school for which I was approved, or (2) the number of my dependents or marital status has changed or (3) my program is discontinued, I will **immediately** advise the Curve Lake Education Department in writing of these changes so that appropriate action can be taken. If I do not update this information, I understand that I would be required to repay any monies paid to me under this program together with the reasonable costs of the First Nation and interest on the monies received.
3. In the event that either paragraph (1) or (2) above shall occur, I understand that I cannot apply and shall not be eligible for post-secondary educational funding from Curve Lake First Nation.
4. I have a copy of the current Post Secondary Policy, and have read and understood its contents.

Please sign the application/declaration and return entire document to the address below. Miigwech!

(Signature)

(Date)

Curve Lake First Nation Education Department
Att: Post-Secondary Officer 22 Winookeedaa Street
Curve Lake, ON K0L 1R0

Phone: 1-705-657-8045

Fax: 1-705-657-8708

Applications must be completed and submitted to Curve Lake First Nation Education Department three months prior to the start of each semester. Deadlines include:

- *May 31 for September of same year (fall semester)*
- *September 30 for January of next year (winter semester)*
- *January 31 for May of same year (spring/summer semester)*

* Post-Secondary information can be found at www.curvelakefn.com under "Education"*

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APPLICATION APPROVED YES NO

EDUCATION MANAGER _____ DATE _____

COMMENTS _____

FUNDING APPROVED: _____ / _____ / _____ / _____
(Tuition) (Books) (Living Allowance) (Total)