APPENDIX A- APPLICATION FOR FUNDING

Curve Lake First Nation Post-Secondary Financial Application

Curve Lake Government Services Building
22 Winookeedaa Road
Curve Lake ON K0L 1R0
Phone number: 705-657-8045
Fax number: 705-657-8708

Date received: _____

Please complete your application in full to avoid delay in processing.

SECTION 1- Personal Information

_____ _____ _____

Last Name First Second

_____D.O.B._____

BAND NUMBER (10 digits) Day Month Year

Permanent Home Address: _____

Home Phone: _____ Cell Number _____

Current Mailing Address: Same as above_____ E-mail address_____

If different from above: _____

Chapter 2. Eligibility 12. Be in good standing with Curve Lake First Nation. Yes ☐ No ☐

SECTION 2 – Education History

Graduated from High School YES/ NO

High School _____

Year Graduated: _____

Have you been funded before by CLFN Education Department? YES / NO

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47. Learners will be funded for a maximum of one program at College or University level:
One program means one certificate, diploma or degree

If Yes: Certificate/Diploma Program _____ Year Graduated: _____

BA Program_____ Year Graduated: _____

Master Program_____ Year Graduated: _____

Other Program_____ Year Graduated: _____

Section 3 – Education Plan

Institution Name(s):_____

City : _____

Diploma ☐ Certificate ☐ BA ☐ MA ☐ PH.D ☐ Professional Degree ☐ Univ. ☐

How many years of funding are you requesting? _____

Expected date of Graduation: _____

Write a paragraph outlining your Education Plan:

_____

_____

_____

_____

_____

_____

_____

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_____

_____

Are you identified as a student with Learning Needs: Circle YES or NO **If yes please answer the following;**

Have you contacted the institution? YES / NO

Do you currently have an Individual Education Plan? YES/NO

Do you have an updated Psycho-Educational Assessment? YES / NO

Do you have Medical Documentation? YES / NO

Please speak with Post-Secondary Education Officer. 705-657-8045 x 203

Post-Secondary Costs

Cost of tuition per/year $_____ x number ___ of years _____

Books per semester: $600.00 x 2 semesters = $1200.00 x number___ of years_____

Living Allowance per month: $1250.00 x 8 months = $10 000.00 x number ___ of years_____

Applicant Declaration

I hereby apply for financial assistance under the Post-Secondary Assistance Program for the period indicated in Section 3. The information that I have provided is accurate to the best of my knowledge.

I AGREE:

☐ 1. To immediately report changes to my student and /or program status and/or Education Plan.

☐ 2. To adhere to school regulations and meet the standards required by the Post-Secondary Institution for continuation in my course of studies.

☐ 3. The learner is responsible to attend and pass all required courses of the chosen program and to ensure the reporting requirements to the Curve Lake First Nation are met within the set deadlines.

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, 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 or in attendance at the school/program for which I was approved for, or (2) my program is discontinued. I will notify the CLFN Education Department 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.

3. I have a copy of the current CLFN Post-Secondary Policy, and I have read and understand its contents.

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

_____ _____

Signature of Learner Date

Government Services Building
22 Winookeedaa Road
Curve Lake ON K0L 1R0
Attention: Post-Secondary Education Officer

LATE APPLICATIONS CAN NOT BE ACCEPTED

For Office Use Only

Application Approved: ☐ Yes ☐ No

Comments: _____

Education Manager: _____ Date: _____

Funding Approved: Diploma/Certificate/BA/MA/Professional Degree/Other _____