



**STUDENT INFORMATION**

Type of Student: New Student (College Diploma):\_\_\_\_\_ New student (University Degree) \_\_\_\_\_

New student University/College Entry Program: \_\_\_\_\_ Continuing Student : \_\_\_\_\_

Application Date: Y\_\_\_\_M\_\_\_\_D\_\_\_\_\_ Birth Date: Y\_\_\_\_M\_\_\_\_D\_\_\_\_\_

Band Number: 1950\_\_\_\_\_ S.I.N. # \_\_\_\_\_

Have you received Post Secondary Funding before? \_\_\_\_\_ If Yes When: \_\_\_\_\_

Previous Program Name: \_\_\_\_\_

Institute: \_\_\_\_\_

Did you successfully complete this post secondary program?: \_\_\_\_\_

If NO provide reason: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Town & Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Common Law: \_\_\_\_\_

Name of Dependents: (MUST PROVIDE PROOF OF DEPENDENTS)

- |          |            |
|----------|------------|
| 1. _____ | Age: _____ |
| 2. _____ | Age: _____ |
| 3. _____ | Age: _____ |
| 4. _____ | Age: _____ |
| 5. _____ | Age: _____ |
| 6. _____ | Age: _____ |

Please describe your lineage and connection (relatives, blood ties) to Netmizaaggamig Nishnaabeg:

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### EDUCATION PLAN

I am attending school : Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
(Students must attend school full-time in order to qualify for the living allowance)

Type of Program: Pre/Prep/Entrance College Program \_\_\_\_\_ College Diploma Program \_\_\_\_\_

Pre/Prep/Entrance University Program \_\_\_\_\_ University Degree Program: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Length (years): \_\_\_\_\_

Institution: \_\_\_\_\_ Address: \_\_\_\_\_

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Institution's Phone Number \_\_\_\_\_

### Your Current Year Course Outline Must Be Submitted to Education Coordinator.

Expected Date of Graduation: Y\_\_\_\_\_M\_\_\_\_\_D\_\_\_\_\_ Current Year of Study: Yr\_\_\_\_\_of \_\_\_\_\_

Does this program include a work placement?: Y\_\_\_\_\_ N\_\_\_\_\_

If yes, when will the placement take place?: Y\_\_\_\_\_M\_\_\_\_\_

Will you need financial assistance while on a work placement?: Y\_\_\_\_\_ N\_\_\_\_\_  
(Students may receive assistance if work placement is at the end of a school year)

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### EXPECTED ACADEMIC COSTS

Academic Year 20\_\_\_ to 20\_\_\_

Tuition: \_\_\_\_\_

Books: \_\_\_\_\_

Living Allowance: \_\_\_\_\_ See policy for details

Total: \_\_\_\_\_

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**Please complete the following information. If not completed, the application will be returned to applicant.**

Last Education Completed: \_\_\_\_\_ Year: \_\_\_\_\_

High School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ Last Year Completed \_\_\_\_\_

Most Recent Transcript Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

After graduation from a college program do you plan on attending university? Yes \_\_\_\_\_ No \_\_\_\_\_

Long term goal/desired employment:

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I have read and agree to the conditions of this agreement. I hereby certify that the above information is correct. Failure to provide information or falsifying this form may result in immediate suspension of financial assistance. I understand it is my responsibility to notify the Pic Moberg First Nation Education Department of any changes to the above information.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECK LIST:**

- \_\_\_\_\_ **All forms are completed. Failure to complete forms in entirety will result in the application not being processed. (New students – send in your student number as soon as possible)**
- \_\_\_\_\_ **Most recent transcript attached. (If not attached, please send in as soon as possible.)**
- \_\_\_\_\_ **Current year program outline attached.**
- \_\_\_\_\_ **Photocopy of status card attached.**
- \_\_\_\_\_ **Copy of Acceptance Letter attached**

**THERE WILL BE A MANDATORY CONFERENCE PHONE CALL IN AUGUST TO REVIEW THE POST-SECONDARY POLICY, THE STUDENT AGREEMENT AND STUDENT/BAND EXPECTATIONS. ANY STUDENT WHO MISSES THIS MEETING WILL FORFEIT RECEIVING THEIR YEARLY LIVING ALLOWANCE.**



**Netmizaaggamig Nishnaabeg**

P.O BOX 717, Moberg Ontario, P0M 2J0

Phone: (807) 822-2134

Toll Free: 1-888-797-1123

Fax: (807) 822-2850

**CONSENT TO RELEASE STUDENT INFORMATION**

I, \_\_\_\_\_ Student Number \_\_\_\_\_  
(PRINT NAME)

As a student sponsored by Pic Moberg First Nation, I hereby authorize the named post secondary institute to release information, transcripts, attendance records and other information pertaining to my academic progress to the above named sponsoring agency.

I also authorize Pic Moberg First nation to exchange information with the post secondary institute as it pertains to my academic progress.

Institution: \_\_\_\_\_

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

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Student's Signature: \_\_\_\_\_

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

**Students require the approval of Pic Moberg First Nation for program changes or withdrawals.** Please refund any tuition money to Pic Moberg First Nation, Box 717, Moberg, ON, P0M 2J0.



**STUDENT AGREEMENT**

I, \_\_\_\_\_ as a post secondary student sponsored by the Pic Moberg First Nation agree:

1. To ensure that at all times I am enrolled in my preapproved program courses and I am considered to be a full-time student as described in Pic Moberg's Post Secondary Student Policy;
2. That if I withdraw, without authorization from the Post Secondary Program Administrator, from the course/program before completion of the semester, that the Pic Moberg First Nation will **NOT** sponsor me for one complete calendar year;
3. That if I withdraw or fail a course within my program I will be financially responsible for the cost of retaking the course. I understand that I must have all courses completed before I will receive any financial support to continue into the next year;
4. To return all money (living allowance, book allowances, tuition paid) issued to me or paid to the school after I have withdrawn without authorization from the Program Administrator. I understand that I will not longer be eligible for sponsorship until this money is returned or agreed arrangements have been made and this will result in an overpayment assigned to my student file;
5. That I will provide the Program Administrator with all documents requested;
6. That I will provide the Program Administrator with copies of mid-term and final reports when requested. I understand that if I do not comply, I will not longer be eligible to receive any living allowance. I understand that even if I eventually submit my reports I will forfeit receiving any living allowance for the rest of the school year.
7. To abide by the policies applicable to the Post Secondary program as outlined in the student manual;
8. To attend classes on a regular basis and complete my homework and assignments when requested;
9. To maintain the minimal grade point average for continuing in my program of study;
10. To contact the Program Administrator if I encounter any problems or wish to change any course.
11. That I will claim as dependants only those whom I am legally responsible for and understand I will receive support funding only after PMFN has received all pertinent documentation;
12. I will submit written confirmation of any changes in my dependants;
13. To allow the institution that I am attending to release my grades to Pic Moberg First Nation;
14. To keep all receipts for books. Book allowances are included in my September and January allowance. Additional supplements will be considered once receipts are received and will be dependent upon the availability of funds.
15. That I am responsible for any charges that are not covered in the policy (i.e. Book store charges, residence fees, meal ticket charges).

SIGNED: \_\_\_\_\_  
Student

\_\_\_\_\_  
Post Secondary Program Administrator

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

\_\_\_\_\_