

Post Secondary Student Support Program

P.O. Box 216, Pic River First Nation
Heron Bay, ON P0T 1R0
(807) 229-0630 ext. 703 Fax: (807) 229-3727

Application for Educational Assistance
(Confidential When Complete)

Please complete all 6 pages of the application

Student Identifier

New Student From UCEP (entrance program) Continuing Other

Application Date: Y_____ M_____ D_____ Birth Date Y_____ M_____ D_____

Band Number: 1920_ _ _ _ _ S.I.N. # _ _ _ _ _

Have you received Post Secondary funding before? _____ If yes when: _____

Prior Post Secondary Funding: Attended from M_____ Y_____ to M_____ Y_____

Program _____

Institute: _____

Did you successfully complete this post secondary program?: _____

Surname: _____ Given Name(s): _____

Primary Residence: _____

Town & Province: _____ Postal Code: _____

Telephone: _____ Cell: _____ Email: _____

Are you a student with special needs? Yes No (most recent IPRC needs to be included)

Under the following: behavior communication intellectual physical multiple

If yes, what additional supports do you require: _____

Are you presently employed? Yes No

If you are presently employed are you working full time _____ or part time _____? If you are working part time how many hours per week do you average? _____ hours per week. (Part time employment is defined as 21 hours or less per week).

List other forms of funding while attending school

Please describe your past or present involvement/participation/contribution with the Pic River First Nation:

Please describe your lineage and connection (relatives, blood ties) to the Pic River First Nation:

How do you envision your educational goals/accomplishments positively impacting the capacity building efforts of the Pic River First Nation?

Education Plan

Attendance: Full Time ___ Part time___

Type of Program: Entrance Program ___ College ___ University Diploma ___ B.A. ___ M.A. ___ PHD ___

Program Name_____Program Length according to institution (years): 1 2 3 4

Institution:_____ Location:_____

Date of Graduation: Y_____ M_____ D_____ Current Year of Study: Year _____ of _____

Institutional Acceptance: Final ___ Continued ___ Conditional ___

Training Dates for this academic Year: Y_____ M_____ D_____ to Y_____ M_____ D_____

After graduation from your approved program, do you plan on continuing? Yes _____ No _____

Long term goal/desired employment:

Diploma/Degree Checklist

Year 1	Year 2	Year 3	Year 4
Courses Required	Courses Required	Courses Required	Courses Required

(Verification will be compared to student's timetable)

Expected Academic Costs

Academic Year	20_____ to 20_____
Tuition	_____
Books/Supplies	\$800.00 (maximum allowable)
Living Subsidy	_____
Travel if eligible	_____
Total Costs	_____

Please complete the Following Information: This information is part of your application for funding. If not completed, application will be returned to applicant for completion.

Last Education Completed: _____ Year _____

High School Graduate: Yes___ No___ Last Year Completed: _____

Present Grade, Course or Program Attending: _____

Expected Date of Graduation: _____

Institute Name and Location: _____

Authorization	
_____ Student's Signature	_____ Date
_____ Administrator's Signature /Authorizing	_____ Date
For Office Use Only	
Recommended ____ Not Recommended ____ Funding Conditional ____ Priority ____	
Allowance Category: _____	
PRFN Acc't Number: _____ Student Number(institute): _____	
Letter of Acceptance received: Yes ____ No ____ Transcript: Yes ____ No ____	

UPON COMPLETION OF THIS APPLICATION PLEASE SUBMIT A PHOTO COPY OF YOUR INDIAN STATUS CARD (FRONT AND BACK) AS WELL AS A COPY OF YOUR LAST AVAILABLE TRANSCRIPT INCLUDING ANY POST SECONDARY ACADEMIC TRANSCRIPTS.

Post Secondary funding applications can be sent by mail:

Glenda Michano-Nabigon
 P.O. Box 216
 21 Rabbit Drive
 Heron Bay, ON P0T 1R0

By fax:
 Glenda Michano-Nabigon
 807-229-3727

Or emailed:
 Glenda Michano-Nabigon at:
 glenda.nabigon@picriver.com