

**OPERATING GUIDE LINES
FOR THE NICICKOUSEMENECANING FIRST NATION
POST SECONDARY STUDENT ASSISTANCE PROGRAM**

Rules and Regulations

- 1. Any person interested in attending a post secondary institution and receiving financial assistance from this band, must make an application by June 30 if applying for Fall session, November 30 for January start date and April 15 for Spring and Summer session of the year they wish to attend.**
- 2. Students will be eligible for full funding if attending a post secondary institution full-time and the cost of tuition and books if attending part-time.**
- 3. The student must include: an Offer of Admission form an accredited post secondary institution, a signed Application for Educational Assistance Form, a signed Transcript Release Form and a signed Tuition Refund Waiver Form. If an Officer of Admission is not received by the student to comply with the June 30 date, the student must make the Education Co-ordinator aware of their intention to attend. Applications received after the June 30 deadline will be considered as they are received.**
- 4. All students must take a full course load. Any withdrawals or modifications must be approved by the Education Co-ordinator. A student who drops his/her program without consultation must wait a one-year period to re-apply. Students who drop classes near the end of the semester and bring their course load below the requirements established as a full time course load will be put on probation the following semester.**
- 5. Students who do not maintain a C (2.0) average will be put on probation the following semester.**
- 6. Students on probation by the post secondary institution and/or the Education Co-ordinator will be closely monitored for improvement through monthly progress reports. These reports will be attained by the Education Co-ordinator through the post secondary institution. No improvements in academic grade/or attendance will result in immediate termination of sponsorship.**
- 7. Students who quit their program of studies without first notifying the Education Co-ordinator, must wait a one year period to re-apply for assistance, but each case will be dealt with individually.**
- 8. All training allowance cheques will be dated for the first day of each month. There will be no advance payments unless there is an emergency situation.**

9. All information on number of dependants and their status must be made available to the Education Co-ordinator.
10. All students must utilize all support services provided by the post secondary institution, especially when difficulties arise in terms of; program of studies, housing, finances, and personal problems affecting student progress.
11. Students who receive an income from full time employment will not be eligible for a living allowance.
12. Students attending a post secondary institution that does not regulate attendance are strongly urged to attend every class. Remember, ATTENDANCE IS A PRIORITY.
13. Any amendments to this agreement will be brought the student's attention.
14. Appeals to decisions made by the Education Co-ordinator will be made to the Nicickousemenecaning Chief & Council whose decision is final.

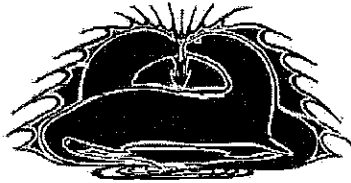
I HAVE READ AND UNDERSTOOD THE AFOREMENTIONED REGULATIONS AND I AGREE TO FOLLOW THESE REGULATIONS.

STUDENT'S SIGNATURE

DATE

STUDENT INFORMATION AND RESPONSIBILITIES

- 1. Provide Education Co-ordinator with Education Plan.**
- 2. Be attending school full-time as defined by the institution in order to receive living allowance, (ie: full-time university, minimum of four (4) full courses; full time college, minimum of 66-2/3 % of program course load).**
- 3. It is advised that students take a minimum of 5 full university courses in order to complete studies in allotted time frame of funding.**
- 4. Maintain a grade point average of 2.0 in order to continue in your course of studies.**
- 5. Inform Education Co-ordinator before any changes are made in your education goals (ie: change of programs, drop or pick up courses).**
- 6. Attend all classes.**
- 7. Provide Education Co-ordinator with a copy of transcripts for each semester or as they become available (both part-time and full-time students). FUNDING CONTINGENT.**
- 8. If withdrawing for any reason, make sure it is done officially at the institution and inform the Education Co-ordinator of dated and reason. FUTURE FUNDING CONTINGENT.**
- 9. Payments will be suspended on notification from the student or institution that he/she has withdrawn from program of studies.**
- 10. Any funding issued to students after they have withdrawn or have been suspended for academic reasons or have not been in attendance, must be returned before future funding will be considered.**
- 11. Any misleading information provided by the student may void application for educational assistance.**
- 12. Keep all receipts for books and supplies if a supplement is required.**
- 13. Please read all correspondence received from the Education Co-ordinator and return requested information to ensure the process of funding is continued.**
- 14. Attendance, punctuality, completion of course work and submitting class assignments on time are essential for continued success in post-secondary.**



**NICICKOUSEMENECANING FIRST NATION
EDUCATION PROGRAM**

Red Gut Reserve
P.O. Box 68
Fort Frances, Ontario P9A 3M5
Tel: (807)481-2536
Fax: (807) 481-2511

Information required for completion of “**Application for Educational Assistance**”.

SECTION “A”

1. Present Address:

Name: _____

Street/P.O. Box #: _____

City/Town: _____

Postal Code: _____ Telephone: _____

Please notify us immediately, when your address is known while enrolled at school.

2. Name and address of:

College/University: _____ Campus: _____

Street Address: _____

City/Town: _____ Province/ State: _____

Postal/Zip Code: _____ Telephone: _____

3. Beginning and Ending date of: i) Full Academic Year; ii) Part-time studies; iii) Spring Session; iv) Summer Session (Please circle appropriate description and fill in dates below).

Beginning: Year _____ Month _____ Day _____

Ending: Year _____ Month _____ Day _____

4. Cost of books and supplies with regard to #3 - \$ _____

5. Cost of tuition with regard to #3 - \$ _____

6. Program/Course: _____

Length of Program: 1 2 3 4

Year of Study: 1 2 3 4

Section "B" - Documents Required

12. This completed information form. **DO NOT** transfer information to Application for Educational Assistance.

13. The signed application form.

14. Proof of admission to a Post Secondary Program.

15. Marital Status: _____ # of Dependents (evidence required) _____

16. Proof of Aboriginal Status as follows:

Family # _____ Position # _____ Birth date: _____

i) Band Card (copy of front and back) or

ii) Letter from Indian & Northern Affairs Canada (INAC)

iii) Bill C-31 reinstated Yes _____ No _____

Section "C" Further Instructions

1. Return this form and other documents required to the address shown.

2. The pre-requisite for funding through the Post-Secondary Education Assistance Program is Grade 12 (Ontario Secondary School Diploma) or mature student status.

EDUCATION PLAN/GOALS

Student Name: _____ Date: _____

Address: _____

Phone: _____

Last Education Completed: _____ Year: _____

Present Course/Program Attending: _____

Length of Program: _____ Year of Study: _____

Expected Results: Certificate _____ Diploma _____ Degree _____

Expected Date of Graduation: _____

After graduation from College do you plan on attending University?

Yes _____ No _____

If Yes - Name of Institution: _____

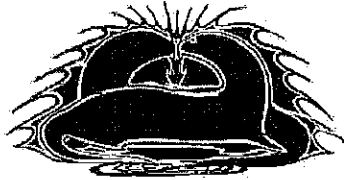
Course/Program: _____

Expected Results: Certificate _____ Diploma _____ Degree _____

Long Term Goal/Desired Employment: _____

Comments: _____

NOTE: MAKE SURE YOUR EDUCATION GOALS SUIT YOUR EMPLOYMENT GOALS.



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To: Continuing Students
From: Nicickousemenecaning Education Department
Re: Requirements for completion of "Application for Educational Assistance".

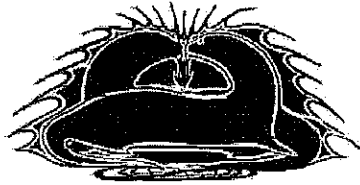
The following information is required to complete your Application for Educational Assistance and Progress Reports.

1. Written proof of admission to a Post-Secondary Program if transferring to a different program or institution.
2. Copy of transcript. If a transcript is not readily available, forward it as soon as it becomes available. This is the student's responsibility in order to ensure continued funding.
3. Beginning and Ending dates of: 1) Full Academic Year; 2) Part-time Studies; 3) Spring and/or Summer Session. (Please circle appropriate description and fill in dates)

____/____/____ to ____/____/____
Y M D Y M D

4. Cost of books and supplies with regard to #3 \$ _____.
5. Cost of tuition with regard to #3 \$ _____.
6. Program/Course: _____
Length of Program: _____ Years Year of Study _____

PLEASE NOTIFY THE EDUCATION CO-ORDINATOR IMMEDIATELY IF THERE ARE ANY CHANGES FROM THE PREVIOUS YEAR.



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ATTENTION: REGISTRAR & ACCOUNTS RECEIVABLE

RE:

Student Name

Program

____/____/____ TO ____/____/____
Y M D Y M D

The above named student will receive financial assistance from the Nicickousemenecaning First Nation while enrolled as a student in the program indicated.

Any change to the program must be approved by the Education Co-ordinator.

Please mail invoice for tuition only to:

**Nickicousemenecaning First Nation
Education Department
P.O. Box 68
Fort Frances, ON P9A 3M5**

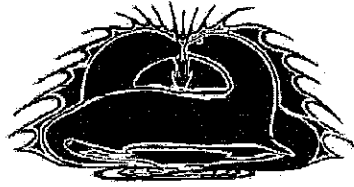
I trust that this information is satisfactory. Should you have any questions, please do not hesitate to contact me at (807) 481-2536.

Sincerely,

Becky Kingbird

Becky Kingbird
Education Co-ordinator

/bk



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ATTENTION: REGISTRAR & ACCOUNTS PAYABLE

This is your authorization to release my transcripts to the Nicickousemenecaning Education Department, while I am enrolled in the following program:

Name of Program

In the event that I have to withdraw from the above program, please send my refund owing to:

**Nicickousemenecaning First Nation
Education Department
P.O. Box 68
Fort Frances, ON P9A 3M5**

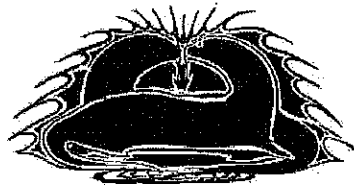
Cheques should be made payable to the Nicickousemenecaning Band.

Student Name: _____

Student Number: _____

Signature: _____

Date: _____



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CONSENT TO RELEASE OF INFORMATION

I, _____
(Print full name of person)

of

(Address)

hereby consent to the disclosure of/or transmittal to/or examination of the educational records,
compiled at:

Name and address
of facility to release:

For the purpose of

Name and address
of facility to receive
information:

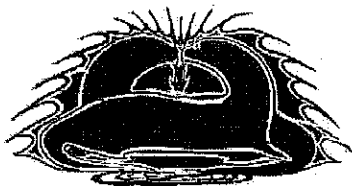
in respect of

(Name and date of birth, if applicable)

Signature

Witness

DATED THIS _____ day of _____ 20_____



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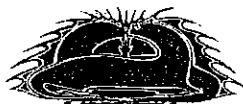
Name and address
of facility to receive
information:

in respect of _____
(Name and date of birth, if applicable)

Signature

Witness

DATED THIS _____ day of _____ 20____



Nicikousemenecaning
First Nation

APPLICATION FOR EDUCATIONAL ASSISTANCE
(CONFIDENTIAL WHEN COMPLETED)
Post Secondary and University & College Entrance Programmes

STUDENT IDENTIFIER

New Student From UCEP Re-enrollment Priority Application Date ___/___/___

Band Code Family Number Position Number Birth Date ___/___/___

BASIC STUDENT INFORMATION				
SURNAME		GIVEN NAME		PHONE
ADDRESS		PROVINCE	POSTAL CODE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DEPENDANTS	ALLOWANCE CATEGORY	RESIDENCE On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> Crown Land <input type="checkbox"/>		CANADIAN RESIDENCE Yes <input type="checkbox"/> No <input type="checkbox"/>
BILL C-31 Yes <input type="checkbox"/> No <input type="checkbox"/>	ADMINISTRATING ORGANIZATION		PREVIOUS UNIT UCRPP <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III <input type="checkbox"/>	

EDUCATION PLAN			
CATEGORY	ATTENDANCE Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	TYPE OF PROGRAM 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"/>	
PROGRAMME/COURSE	INSTITUTION	LOCATION	POSTAL CODE
OCCUPATION FIELD CODE	LENGTH OF PROGRAMME (YEARS)	YEAR OF STUDY	DATE OF GRADUATION Y M D
INSTITUTIONAL ACCEPTANCE FINAL <input type="checkbox"/> CONTINUED <input type="checkbox"/> CONDITIONAL <input type="checkbox"/>		TRAINING DATES FROM Y M D TO Y M D	

ESTIMATED COSTS			
FISCAL YEAR	20___/20___		20___/20___
TUITION			
BOOKS AND SUPPLIES			
TOTAL INSTRUCTION			
REGULAR LIVING ALLOWANCE			
HIGH RENT ALLOWANCE			
SEASONAL TRAVEL			
LEVEL III INCENTIVE			
STRATEGIC STUDIES SCHOLARSHIP			
ACADEMIC STUDIES SCHOLARSHIP			
OTHER COSTS			
TOTAL SUPPORT COSTS			
TOTAL COSTS			
STUDENT MONTHS			

I have read and agree to the conditions for this financial assistance.	
_____ SIGNATURE	_____ DATE
COUNSELLOR'S COMMENTS	
RECOMMENDED <input type="checkbox"/>	NOT RECOMMENDED <input type="checkbox"/>
FUNDING DEPENDANT <input type="checkbox"/>	
_____ COUNSELLOR'S SIGNATURE	_____ DATE
AUTHORIZATION	
ADMINISTERED BY: INAC <input type="checkbox"/> LOCALLY <input type="checkbox"/>	_____ AUTHORIZING OFFICER
	_____ DATE