



DOKIS FIRST NATION **APPLICATION FOR POST-SECONDARY EDUCATION FINANCIAL ASSISTANCE**

INSTRUCTIONS

To apply for Post-Secondary Education Financial Assistance, you must complete and return this Application for Post-Secondary Education Financial Assistance (Application) by mail or email to the Dokis First Nation Education Department. The deadline to submit this Application is on or before **January 31st** of the school year that you wish to attend. Late Applications will not be accepted.

It is important that you complete all areas of the Application and that the information you provide is accurate and complete. Applications that are incomplete or false will not be accepted.

ELIGIBILITY

To be eligible to apply for Post-Secondary Education Financial Assistance:

- You must be a Member of Dokis First Nation;
- You must be accepted by or continuing enrolment in a Post-Secondary Institution in a recognized Program of Study;
- You must submit this Application before the deadline of January 31st; and
- You must not owe an outstanding debt to Dokis First Nation or the Dokis First Nation Education Department.

Post-Secondary Education Financial Assistance is only available for attendance at Post-Secondary Institutions that are recognized by a province or territory in Canada. It is not available for attendance at a foreign post-secondary institution outside of Canada or at a private post-secondary institution.

Financial Assistance available for a Full-Time Student includes the cost of tuition, books and/or equipment, and may include living allowance. Financial Assistance available for a Part-Time Student includes the cost of tuition and books and/or equipment. Financial Assistance (tuition, books and/or equipment, and living allowance) is subject to Dokis First Nation's funding limitations and budget constraints.

THE POLICY

It is recommended that you review the Dokis First Nation Post-Secondary Education Financial Assistance Policy (Policy) to understand how Post-Secondary Education Financial Assistance works and what your responsibilities are. You can

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PLEASE TYPE OR PRINT. ATTACH ADDITIONAL SHEETS IF NECESSARY

receive a copy of the Policy by contacting the Dokis First Nation Education Department by phone at 705-763-2210 or by email at post.sec@dokis.ca

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PART 1 – PERSONAL INFORMATION

1. Full Legal Name: _____
2. Band Registry Number: _____
3. Date of Birth: _____
4. Address: _____
5. Phone Number(s): _____
6. Email Address: _____
7. At the end of this Application, please attach copies of the following documents if this is your first time applying:
 - a. Your Birth Certificate; and
 - b. Your Indian Status Card (both sides).

PART 2 – FINANCIAL ASSISTANCE HISTORY

8. Are you applying as a new student or a returning student? _____

A new student is someone that has never received Post-Secondary Education Financial Assistance. A returning student is someone that has received Post-Secondary Education Financial Assistance before.

9. If you are a new student:
 - a. Are you currently in high school? _____
 - b. What year did you graduate or expect to graduate? _____
 - c. Name of high school attended: _____
 - d. Years attended: _____
 - e. At the end of this Application, please attach a copy of:
 - i. Your official transcripts from high school; and
 - ii. Your Ontario Secondary School Diploma (OSSD) or an Ontario High School Equivalency Certificate.

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If you are currently in high school and have not yet received your official transcripts and your OSSD, you will need to provide a copy of these documents on or before **July 15th** for your Application to be considered.

10. If you are a returning student:

- a. Year that you last received funding: _____
- b. Post-Secondary Institution attended: _____
- c. Program of Study: _____
- d. Type of certificate, diploma or degree attained/ to be attained: _____
- e. Attendance Full-Time or Part-Time: _____
- f. What was the outcome: _____
- g. At the end of this Application, please attach a copy of:
 - i. Your official transcripts from the Post-Secondary Institution; and
 - ii. If applicable, any certificate, diploma or degree that you attained when you received Post-Secondary Education Financial Assistance.

If you are currently enrolled in a Post-Secondary Institution and have not yet received your official transcripts and/or your certificate, diploma or degree from the Post-Secondary Institution, you will need to provide a copy of these documents on or before **July 15th** for your Application to be considered.

PART 3 – TYPE OF PROGRAM PRESENTLY APPLYING FOR

11. Name of Post-Secondary Institution: _____

12. Address of Post-Secondary Institution: _____

13. Name of Program of Study: _____

14. Length of Program of Study: _____

15. Type of certificate, diploma or degree to be attained: _____

16. What year of study are you entering (ex: 2nd year): _____

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17. Attendance Full-Time or Part-Time: _____
18. Semester or Academic Year start date: _____
19. Semester or Academic Year end date: _____
20. Have you been accepted into the Program of Study? _____
21. Do you have an Individualized Education Program (IEP) or similar document that states you require accommodation due to a learning disability or other disability? If so, please explain the accommodation required: _____
22. At the end of this Application, attach a copy of:
- a. Your letter of acceptance from the Post-Secondary Institution;
 - b. Program of Study outline; and
 - c. If applicable, the Individualized Education Program (IEP) or similar document that explains what accommodation you require due to a learning disability or other disability.

If you have not yet received a letter of acceptance from the Post-Secondary Institution, you will need to provide a copy of the letter of acceptance on or before **July 15th** for your Application to be considered.

PART 3 – FINANCIAL ASSISTANCE REQUESTED

23. Are you applying as a Full-Time or Part-Time Student? _____
- A Full-Time Student means you will be enrolled in three or more full-time courses per Semester. A Part-Time Student means you will be enrolled in less than three full-time courses per Semester.
24. Will you be attending courses in-person at the Post-Secondary Institution or will your courses be online? _____
25. If you are applying to attend the Post-Secondary Institution during a summer Semester, is it requirement of your Program of Study that you attend courses during the summer Semester? _____
26. During the Academic Year will you be employed more than 30.0 hours a week?

27. During the Academic Year will you be completing a paid Co-Op, Internship or Field Placement as part of your Program of Study? If so, how much will you be paid? _____

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28. At the end of this Application, please attach a copy of:

- a. Your T4 and/or Notice of Assessment for the previous year from Canada Revenue Agency; and
- b. If applicable, a letter from your employer stating the number of hours that you work per week and your monthly gross salary.

PART 4 – ALLOWANCE CATEGORY

29. What is your marital status? _____

30. Do you have a Dependent Child(ren)? If so, please list his/her name(s) and date(s) of birth: _____

A Dependent Child is your or your Spouse's natural or adoptive child who is under 18 years of age and lives with you full-time; or is 18 years of age or older and has a disability and is wholly dependent on you.

31. If you are married or common-law, is your Spouse employed or receiving assistance from any of the following programs: Employment Insurance, Ontario Disability Support Program, Ontario Works, or Canada Pension Plan Disability? If so, please specify: _____

A Spouse means a person who you are married to, whether by a traditional customary, religious or civil ceremony, and includes a common-law partner where you have been living together in a marital relationship for at least one year.

32. If applicable, at the end of this Application, please attach a copy of the following for any Dependent Child you are claiming:

- a. The birth certificate for your Dependent Child;
- b. If applicable, the Indian Status Card (front and back) for your Dependent Child;
- c. If applicable, for your Dependent Child under 18 years of age, proof that the Dependent Child lives with you full-time, as verified in your T4 or a custody order; and
- d. If applicable, for a Dependent Child that is 18 years of age or older and has a disability, proof that the Dependent Child is wholly dependent on you as verified in your T4.

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PART 5 – AUTHORIZATION TO ACCESS INFORMATION

33. Please complete the following authorization to access information:

<p>I, _____ authorize Dokis First Nation to access information pertaining to my Application for Post-Secondary Education Financial Assistance including, but not limited, education information and internal credit check to determine if I owe any outstanding debt to Dokis First Nation or to the Dokis First Nation Education Department.</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>

PART 6 - ATTACHMENTS

34. Please confirm what documents you are attaching to this Application:

Document	Yes/ No/ Not Applicable
Your Birth Certificate	
Your Indian Status Card (front and back)	
Your official transcript from high school	
Your Ontario Secondary School Diploma (OSSD) or an Ontario High School Equivalency Certificate	
Your official transcripts from the Post-Secondary Institution	
Any certificate, diploma or degree that you attained when you received Post-Secondary Education Financial Assistance	
Your letter of acceptance from the Post-Secondary Institution	
Program of Study outline	
Individualized Education Program (IEP) or similar document that explains what accommodation you require due to a learning disability or other disability	
Your T4 and/or Notice of Assessment for the previous year from Canada Revenue Agency	
A letter from your employer stating the number of hours that you work per week and your monthly gross salary	
Birth certificate for your Dependent Child	
Indian Status Card (front and back) for your Dependent Child	
Other (please specify)	

PART 7 – AUTHORIZATION OF CONTACT INFORMATION

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35. Do you authorize the Dokis First Nation Education Department to share your address with other departments for important information from Dokis First Nation? _____

PART 8 – SIGNATURE AND DATE

36. Please sign and date this Application for Post-Secondary Education Financial Assistance:

I, _____ confirm that the information provided in this Application for Post-Secondary Education Financial Assistance is accurate and correct. I understand that this information will be used to determine if I am eligible for Post-Secondary Education Financial Assistance from Dokis First Nation.	
_____ Signature	_____ Date

PART 9 – RETURN COMPLETED APPLICATIONS

Please return by mail or email, your completed Application for Post-Secondary Education Financial Assistance in an envelope marked 'Confidential' to:

**Education Department
Kikendawt Kinoomaadii Gamig
129 Loop Street,
Dokis First Nation, Ontario
P0M 2N1**

Email: post.sec@dokis.ca

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