



Beausoleil Education Authority

One O-Gema Street
Christian Island, ON
L0K 1C0
705-247-2051 Fax: 705-247-2239

POST SECONDARY APPLICATION FORM

Section 1: PERSONAL INFORMATION

Legal Surname:	Given Names:
S.I.N.:	Telephone:
Date of Birth:	Gender:
Home Address:	
Work Address:	
10 digit Band Number:	Email Address:
Address while at school:	
Alternate Contact Phone:	Cell Phone:
Emergency Contact:	Emergency Contact Telephone:
Spouse's Name:	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Other _____	
Have you ever taken full-time post-secondary studies? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Where will you live during school 1. <input type="checkbox"/> With parents 2. <input type="checkbox"/> Other	
High School Graduate Year _____ Last School attended Year _____	
<p>Check the ONE statement that BEST describes your current status. Read and follow carefully the instructions that pertain to that statement.</p> <p><input type="checkbox"/> I am in a common-law relationship <i>Your spouse must fill out Sections J and R</i> SUPPORTING DOCUMENTATION You must attach to this application an affidavit signed by you and your spouse confirming that you have been living together in a conjugal relationship for not less than 3 years or are living together in a conjugal relationship and raising any children of whom you are both are the natural and adoptive parents.</p> <p><input type="checkbox"/> I am a sole-support parent What is your marital status? 1. <input type="checkbox"/> Separated 2. <input type="checkbox"/> Divorced 3. <input type="checkbox"/> Widowed or never married SUPPORTING DOCUMENTATION You must attach the following to this application: - <i>Separated or Divorced</i> – appropriate documentation - <i>Widowed or never married</i> – an affidavit confirming that any children will be living with you full-time during your period of study, a copy of the federal government's Child Tax Benefit cheque stub or statement.</p> <p><input type="checkbox"/> I am separated, divorced, or widowed, AND I have NO dependent children living with me. What is your marital status? 1. <input type="checkbox"/> Separated 2. <input type="checkbox"/> Divorced 3. <input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> None of the above statements applies to me.</p>	

Section 2:**EDUCATIONAL PLAN**

What is the name of the post secondary institution you plan to attend (eg. York University)?

Which campus or college of the above institution will you be attending, if applicable (e.g. Barrie Campus)?

In which city/town is the above institution located? If the institution is outside Canada, please specify county.

What is the name of your program (e.g. Business Accounting, Chemical Engineering)?

What are the start and end dates of your period of study? From: _____ To: _____
Month/Year Month /Year

What will be your level of study?

1. Diploma 2. Certificate 3. Bachelor's degree
4. Master's degree 5. Doctoral degree 6. Other

Which year of your program will you be entering (e.g., year 1, year 2)?

What is the total number of years in your program (e.g. 3 years, 4 years)

Are you taking a cooperative education (co-op) program? Yes No

What percentage of a full course load will you be taking? _____ %

Are you taking your program of study through correspondence or distance education? Yes No

Will you be living with your parent(s) during your period of study? Yes No

What is the cost of one return trip, by the most economical means available, from your post secondary institution to your permanent Canadian address? Enter amount in dollars only: \$ _____

PLEASE LIST ALL SECONDARY SCHOOL ATTENDED OR BEING ATTENDED

Year to Year	Name of School	Address of School (City, Province)	Diploma

PLEASE LIST ALL POST-SECONDARY SCHOOLS ATTENDED OR BEING ATTENDED

Year to Year	Name and Location of School	Year/Level	Program

Did you successfully complete this year either to graduate or to continue into the next year? 1. Yes 2. No

Section 3: INCOME & ASSET INFORMATION

Spouse's Employment Status: Employed (full) Employed (part) Student
 Unemployed Unemployed with Benefits

Spouse's Employment Status (must provide verification of income/no income by attaching a letter from social assistance or income stubs)

Number of Dependents

Name	Relationship	Date of Birth

Attach additional paper if needed

Child Care Required? Yes No

If your marital status is married or common-law, your spouse's/common law's income and asset information must also be provided in the spaces below.

List all gross income (actual/expected) **for the 12 month period, ending with the last month of your current/proposed period of part-time studies.** (For example, if your course of study ends December 31, you and your spouse (if applicable) must quote all income from last January up to the date of this application, **and estimate** your expected income up to the end of December.)

This list should include all gross income (taxable and non-taxable) from employment, government benefits, child-support and alimony payments, monetary gifts, lottery winnings, and any liquid assets.

APPLICANT'S INCOME

Proof of current income must be supplied by the applicant, for example, letter from employer, photocopy of cheque stub or social assistance stub. This proof of income must be dated within the last 2 months. If you are currently not in receipt of any income, please provide a written statement explaining your current situation. (For example, how you are paying for accommodation, food, etc.)		Status of employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed	How many hours per week are you working on average?
From yyyy/nmn	To yyyy/mm	Name of Employer, EI, Social Assistance (Welfare), etc.	Gross \$ Amount
TOTAL GROSS INCOME (12 month period)			\$

SPOUSE'S/COMMON LAW'S INCOME

Proof of current income must be supplied by the applicant, for example, letter from employer, photocopy of cheque stub or social assistance stub. This proof of income must be dated within the last 2 months. If your spouse/common law is currently not in receipt of any income, please provide a written statement explaining his/her current situation. (For example, how he/she is paying for room & board)		Spouse's/common law's Social Insurance Number	Status of employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed	How many hours per week is your spouse/common law working on average?
From yyyy/mm	To yyyy/mm	Name of Employer, EI, Social Assistance (Welfare), etc.	Gross \$ Amount	
TOTAL GROSS INCOME (12 month period)				\$

ASSETS

Total Net value of Registered Retirement Savings (RRSPs) for you and your spouse/common law as of the start of your period of studies. \$	Total amount of all bank account balances/term deposits/GICs/bonds/stocks/for you and your spouse/common law as of the start of your period of studies. \$
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APPLICANTS' DECLARATION AND SIGNATURE

Have you ever negotiated a Canada Student Loan for full-time studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever negotiated a Canada Student Loan for part-time studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", and you have not yet paid the loan in full, what is the total principal and capitalized interest outstanding of your part-time loan. \$
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Are you currently in default of a Canada Student Loan for part-time and/or full time studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	I request financial assistance to undertake my part-time post-secondary studies in the amount of \$
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I will use this assistance to pay the costs associated with my program of studies. I authorize the Beausoleil First Nation to collect, use and disclose data and information on verifying any information related to any assistance and/or Canada Study Grant/ Canada Access Grant. I authorize Canada Revenue Agency to disclose any information pertaining to my income tax records. I have given complete and true information on this form and I understand that failure to do so may prevent my qualifying for assistance in the future. I understand that if I should receive assistance, it is awarded to me on the condition that it will be used for the purposes for which it was intended. I understand that if I do not respect t this condition, it may result in loss of eligibility for future, it is awarded to me on the condition, it may result in loss of eligibility for future BFN funding. **I understand that, in respect of assistance, if I knowingly make a false statement or misrepresentation in an application or other document or willfully furnish any false or misleading information I will not be provided with any assistance in the future**

X _____
Signature of Applicant Date (yyyy/mm/dd)

SPOUSES'/COMMON LAW'S DECLARATION AND SIGNATURE

I have given complete and true information on this form. I understand that personal information that is relevant to a reassessment or an appeal may be shown to the applicant if the applicant appeals his or her assessment or if the appropriate authority makes a reassessment of financial assistance. I authorize disclosure any information pertaining to my income. Further, I am not liable for any assistance given to the applicant.

X _____
Signature of Applicant Date (yyyy/mm/dd)

Note if attaching a void cheque, please attach the cheque to this application

Name of Financial Institution	Branch Address	
Institution Code	Branch Number	Bank Account Number