



Beausoleil Education Authority

One O-Gema Street
Christian Island, ON
L0K 1C0
705-247-2051 Ext. 228 Fax: 705-247-2239

STUDENT APPLICATION PACKAGE

Please note that the deadline for applying for Education Assistance for students each year is:

May 1st To begin in Fall/Winter/Spring

November 1st To begin in Winter (pending availability of funds)

In order to process your application, the following criteria is required in our office by the deadline date (faxed or emailed copies are acceptable, however, originals must be provided by mail).

1. Your written request explaining your educational and career goals.
2. Documents of previous education (photocopies are accepted)
3. A letter of reference from previous employer or professional (for part-time or Distance Education programs)
4. A letter of acceptance from the College/University
5. Attached Post Secondary Application Form (completed and signed).
6. Attached Consent Form
7. Student Agreement Form (completed and signed).
8. Transcripts from High School for Grade 12 graduates
9. Transcripts from Post-Secondary for Continuing Students
10. Policy Acknowledgement Form

Contact the Education Office if you need assistance in completing or accessing any of the letters to avoid unnecessary delays of missing the application deadline date. Incomplete applications will not be considered.



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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 (req'd)
Address while at school:	
Alternate Contact Phone:	Cell Phone:
Emergency Contact:	Emergency Contact Telephone:
Spouse's Name:	
Marital Status	Single Single Parent
	Married/Common Law Other _____
Have you ever taken full-time post-secondary studies?	YES NO
Where will you live during school	1. With parents 2. Other
High School Graduate Year _____	
Last School attended Year _____	
Last School attended Name: _____	
Check the ONE statement that BEST describes your current status. Read and follow carefully the instructions that pertain to that statement.	
<p>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>I am a sole-support parent What is your marital status? 1. Separated 2. Divorced 3. 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>I am separated, divorced, or widowed, AND I have NO dependent children living with me. What is your marital status? 1. Separated 2. Divorced 3. Widowed</p>	
<p>None of the above statements applies to me.</p>	

Beausoleil Education Authority

Beausoleil First Nation

Cedar Point P. O., Christian Island, Ontario L0K 1C0

Consent to the Disclosure or Release of Information

Pursuant to Section 42(b) (c) of the Freedom of Information and Privacy Act, the Beausoleil First Nation will use this information to interact with Colleges and Universities, obtain marks, verify enrollment and any other information required for financial sponsorship purposes.

∴ *As a condition to students receiving financial assistance from the Post Secondary Student Assistance Program, the Beausoleil Education Authority requires the student to sign a Consent to the Disclosure or Release of Information.*

NAME: _____

COLLEGE/UNIVERSITY: _____

PROGRAM: _____

As a sponsored student through the Beausoleil First Nation Post-Secondary Student Assistance Program, I, the undersigned _____ consent to the release of information to the Beausoleil Education Authority.

∴ *This form will provide the Beausoleil Education Authority with information pertaining to academic performance, attendance, progress reports/transcripts or any other information requested by the Education Authority.*

I, _____ also consent to further disclosure of this information to appropriate staff of the Education authority when deemed necessary.

(Student Signature) Date: _____

Education Director's Signature Date: _____



POST SECONDARY POLICY ACKNOWLEDGEMENT FORM

The Beausoleil First Nation Post Secondary Funding Policy describes important information about educational sponsorship, and I understand that I should consult the Director of Education or Administrative Assistant regarding any questions not answered in the B.F.N. Post Secondary Policy. I have entered into an obligation with Beausoleil First Nation Education voluntarily and acknowledge that there is no specified length.

Since the information described herein is subject to change, I acknowledge that revisions to the B.F.N. Post Secondary Policy may occur. All such changes will be communicated through email, or electronic communication such as the Beausoleil First Nation website or email. I understand official notices and revised information may supersede, modify, or eliminate existing policies. Only the Chief and Council or designee(s) has the ability to adopt any revisions to the policies in the B.F.N. Post Secondary Policy.

I have received the Beausoleil First Nation Post Secondary Policy and I understand that it is my responsibility to read and comply with the policies, contained in the B.F.N. Post Secondary Policy and any revisions made to it.

STUDENT NAME (printed): _____

STUDENT SIGNATURE: _____

DATE: _____

Beausoleil Education Authority

Beausoleil First Nation
Cedar Point P. O., Christian Island, Ontario L0K 1C0

POST SECONDARY STUDENT CONTRACT

As a student sponsored by the Beausoleil first Nation, under the Post-Secondary Education Program, I agree to and accept the following conditions and responsibilities:

1. To satisfy the academic requirements specified by the institution, including attending all classes, or as outlined under "Probation" in the Post-Secondary Education guidelines.
2. The educational assistance is not intended to be sufficient to pay off personal debts.
3. That other income such as Employment Insurance or Child Tax Credit benefits will be reported when applying for educational assistance. However, bursaries, scholarships, or income from a part-time job will not affect the monthly allowance.
4. That no collect calls will be accepted by the Education Office.
5. that any program changes, including course withdrawals must be approved by an Education Counsellor from the college or university with final approval by the B.E.A.
6. To notify the Education Office immediately if withdrawing from the school and to complete the necessary withdrawal forms.
7. That College or University transfers be submitted early so as to avoid being enrolled in a second choice program.
8. That when tuition or residence fee payments are required, such notice will be forwarded to the Education Office immediately. Delays may mean losing a place in a program or residence.
9. That transcripts for each school semester must be submitted to the B.E.A. as soon as they are available from the college or university.
10. That should a student receive educational assistance to which he/she is not entitled, he/she will be required to repay the full amount before further assistance is approved.
11. That all invoices/receipts be submitted to the B.E.A. for accounting purposes.
12. To notify the Education Director of any changes in information supplied on the application.

If one or more of the above conditions or responsibilities are not met, educational assistance will be withdrawn. I understand and agree to the above conditions and responsibilities.

Student Signature

Date: _____

Director's Signature

Date: _____