

Beaver First Nation

Box 270 High Level, AB, T0H 1Z0

P: 587-743-1020

POST SECONDARY EDUCATION FUNDING APPLICATION PACKAGE

Beaver First Nation (BFN) Post Secondary Education (PSE) provides funding for its First Nation members residing on/off reserve. Please note: All members who are Bill C-31 are required to apply to Free Horse Wellness Society for funding.

All approvals are based on the available PSE Funding in the budget, as well as prior band funding and completion or non-completion of previous training/education.

Please forward a completed PSE Application form, as well as the following documentation:

- Acceptance letter from an Accredited Training Institution, indicating the program of study;
- Start and End dates of program;
- Program outline, including program costs;
- Official Statement of Final Grades from previous year of funding (returning students);
- 3 pieces of Identification including Treaty Status/two other pieces of I.D (new students);
- Statement of career interest and how it meets labor market demands (new students);
- Current criminal record check (new students).

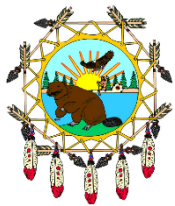
Please note that BFN PSE DOES NOT pay for any tuition deposits and/or registration fees, however these costs may be reimbursed once funding is approved.

Part time and distance learning programs will be considered after review of full time applications.

All applicants will receive written notification on the outcome of their application approximately two weeks after the June 15th PSE Application deadline date.

Should you require further clarification or have questions, please contact:

HRD/PSE Director at 587-743-1020 or email leah.lizotte@beaverfirstnation.ab.ca



BEAVER FIRST NATION

Post-Secondary Education Financial Assistance Application

STUDENT IDENTIFIER:

New Student From UCEP Re-Enrollment

Application date

Day Month Year

Priority no:

Treaty no:

Birth date

BASIC STUDENT INFORMATION:

Surname:

Given Name:

Preferred Pronouns:

Address:

City:

Province:

Postal Code:

Residence: On Reserve Off Reserve

Phone #:

E-mail:

Employment: Full time Part time Unemployed Place of employment, if applicable:

Sex: M F Marital Status: Single Married Common Law Divorced Widowed

Spouse, if applicable:

Employment Status: Employed Unemployed

Dependents (list names of all legal dependents):

Allowance Category:

Canadian Resident: Y N

Is your status a result of Bill C-31: Y N Don't know **OR** Bill C-3: Y N Don't know

Previous Support (Months): UCEPP Level I Level II Level III

EDUCATION PLAN:

Category:

Attendance: Full time Part time

Type of program: Community College University diploma Bachelor Master PhD

Program/Course:

Institution:

Location:

Postal Code :

Occupational Field:

Length of Program (indicate months/years):

Year of study:

Graduation Date



Institutional Acceptance: Final Continued Conditional

Program Dates

FROM

TO

PREVIOUS EDUCATION:

Please list any past post-secondary institution(s) you have attended and the program(s) you have taken (start with the most recent first), even if you haven't completed the program. If you have **not attended** any school beyond high school, check the high school box.

High School

Institution: Program: Length of Program: Dates: Completed: Y N

Institution: Program: Length of Program: Dates: Completed: Y N

Institution: Program: Length of Program: Dates: Completed: Y N

COURSE REGISTRATION FORM:

Please list all the classes you will be enrolling in for the upcoming semester.

	COURSE NAME AND NUMBER (e.g ENGL101)	CREDIT AMOUNT	TERM & YEAR
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

- I understand that, by signing this form, I am agreeing to complete the courses written above
- If I withdraw from or change any courses, I agree to contact my funding officer/counsellor immediately and submit an updated copy of this form
- I agree to submit an updated copy of this form to my funding officer/counsellor for **EACH** term that I will be receiving funding
- I am aware that providing false or incomplete information is considered misleading and will result in the immediate cancellation of my sponsorship

Student Name: _____

Date: _____

Student's signature ► _____

ESTIMATED COSTS:

Fiscal Year	20 /					20 /				
Tuition										
Books and Supplies										
TOTAL INSTRUCTION										
Regular Living Allowance										
Practicum										
Seasonal Travel										
TOTAL SUPPORT COSTS										
Level III Incentive										
Strategic Studies Scholarship										
Academic Studies Scholarship										
TOTAL COSTS										
STUDENT MONTHS										

CONDITIONS FOR EDUCATIONAL ASSISTANCE

I hereby make application for financial assistance and accept the following conditions:

1. To become familiar with the assistance limitations under the PSSSP Policy and Guidelines
2. To meet the standards required by the institution for continuation of sponsorship
3. To provide transcripts or statements of performance to my counsellor at the end of each semester to ensure continuation of sponsorship
4. To provide an updated Curriculum Vitae to my counsellor at the end of each semester
5. To report any changes to my student and/or program status promptly
6. To manage my education and funding to the best of my ability

I understand that failure to meet any of these conditions may result in the termination of my sponsorship

Student's signature ► _____

COUNSELLOR COMMENTS

Recommended Not recommended

Counsellor's Signature ► _____

SPONSORSHIP HISTORY

Please print your full name: _____

Have you ever received any sponsorship from your band, Aboriginal Affairs and Northern Development Canada (previously Indian and Northern Affairs Canada), Alberta Works, or any other funding or government agency aside from BFN? Yes No

If **yes**, please fill out the details of your previous sponsorship below, starting with the most recent year first.

If **no**, just check the boxes, sign and date this form and return it as part of your application package.

1. Year funded: _____ School attended: _____

Program of study: _____ Who funded you for this period? _____

Did they pay your full tuition? Yes No Did they give you a monthly living allowance? Yes No

If yes, how much per month? _____ If yes, for how many months? _____

Were you a full or part time student? Full time Part time

Did they pay for your books and supplies? Yes No If yes, how much did you receive? _____

2. Year funded: _____ School attended: _____

Program of study: _____ Who funded you for this period? _____

Did they pay your full tuition? Yes No Did they give you a monthly living allowance? Yes No

If yes, how much per month? _____ If yes, for how many months? _____

Were you a full or part time student? Full time Part time

Did they pay for your books and supplies? Yes No If yes, how much did you receive? _____

3. Year funded: _____ School attended: _____

Program of study: _____ Who funded you for this period? _____

Did they pay your full tuition? Yes No Did they give you a monthly living allowance? Yes No

If yes, how much per month? _____ If yes, for how many months? _____

Were you a full or part time student? Full time Part time

Did they pay for your books and supplies? Yes No If yes, how much did you receive? _____

I fully understand that if any of the details provided above are found to be incorrect, or if any information is found to be withheld, it will result in the immediate cancellation of my sponsorship without warning

Student Name: _____

Date: _____

Student's signature ► _____

STUDENT BUDGET

Please print your full name: _____

2021/22 ACADEMIC YEAR (SEPTEMBER - APRIL)

Please complete this form to the best of your abilities (estimates are acceptable if you are unsure of exact amounts) and submit it as part of your application package. For the purpose of this worksheet, it is assumed that your total tuition is funded by BFN. If you will be attending a private or foreign institution, you will most likely have to pay a portion of your own tuition, so make sure to add that to your budget.

If the difference between your Academic Year Expenses and your Academic Year Income is large, you should look into supplemental funding, such as applying for additional scholarships, grants, or bursaries; applying for a student loan; finding/increasing employment; etc. While BFN is here to help fund your post-secondary education, there is a limit to what we can sponsor. Please plan carefully and be aware of exactly what you require during the academic year to be successful.

STUDENT BUDGET	
HOUSING (MONTHLY)	\$ PER MONTH
Rent/mortgage payments	
Residence fees	
Utilities (hydro, gas, electricity)	
Cable	
Internet	
Total <u>Monthly</u> Housing Expenses	
Total <u>Academic Year</u> Housing Expenses	1.
FOOD (MONTHLY)	\$ PER MONTH
Groceries	
Meal plan (if in residence)	
Take-out/order in (including beverages e.g. Tim's)	
Total <u>Monthly</u> Food Expenses	
Total <u>Academic Year</u> Food Expenses (multiply monthly amount by 8)	2.
TRANSPORTATION (MONTHLY)	\$ PER MONTH
Public transit (sometimes included in tuition)	
Parking	
Gas	
Car insurance	
Car payments	
Maintenance and repairs	
Total <u>Monthly</u> Transportation Expenses	
Total <u>Academic Year</u> Transportation Expenses (multiply monthly amount by 8)	3.

STUDENT BUDGET CONT'D.

MISCELLANEOUS (MONTHLY)	\$ PER MONTH
Dependent care (child care)	
Dependent expenses (not including food)	
Cell phone	
Clothing	
Computer (include subscription services such as Netflix, Crave etc. here)	
Entertainment (movies, bars)	
Personal grooming (haircuts, make up, personal hygiene)	
Travel (including expenses to go home for weekends/holidays)	
Total <u>Monthly</u> Transportation Expenses	
Total <u>Academic Year</u> Transportation Expenses (multiply monthly amount by 8)	4.
HEALTH (MONTHLY)	\$ PER MONTH
Medical insurance (if not included in tuition)	
Dental insurance (if not included in tuition)	
Medical/dental procedures not covered by insurance	
Prescriptions	
Total <u>Monthly</u> Health Expenses	
Total <u>Academic Year</u> Health Expenses (multiply monthly amount by 8)	5.
INCOME DURING THE ACADEMIC YEAR (SEPTEMBER - APRIL)	\$ AMOUNT
Personal Savings (total for all 8 months)	
Family Support (total for all 8 months)	
Registered Education Savings Plan (RESP) (total for 8 months)	
Gifts/in-kind support (total for all 8 months)	
Student Loans (total for all 8 months)	
Scholarships, grants, bursaries (not including BFN, and only if approved)	
Full time employment (multiply monthly amount by 8)	
Part time employment (multiply monthly amount by 8)	
Other (explain)	
Total Academic Year Income:	6.
BREAKDOWN	\$ AMOUNT
Total Academic Year Expenses (add Numbers 1-5)	
Total Academic Year Income (Number 6)	
Difference between Expenses and Income:	

Student Name: _____

Date: _____

Student's signature ► _____

CHECKLIST:

Have you provided all the necessary information? Use the checklist below to ensure you submit a complete PSE Application Package.

Please check off all the documents that you are submitting and sign once your application package is complete.

Core documents (ALL APPLICANTS are required to submit all these documents):

- Personal and Education Information (Page 1 of this package)
- Course Registration Form (Page 2)
- Estimated Costs (Page 3)
- Banking Information (Page 4)
- Sponsorship History Page (Page 5)
- Student Budget (Page 6-7)
- Attendance and Progress Monitoring (Info) Release Form
- Acceptance letter from an Accredited Training Institution, indicating the program of study; program start and end dates; program outline and program costs
- Updated CV/Resume

Supporting documents for NEW Students only:

- Three (3) pieces of Identification, including Treaty Status and two other pieces of ID
- Statement of career interest and how it meets labor market demands (separate page, no more than 500 words, clearly indicate your name on the document)
- Current criminal record check

Supporting documents for RETURNING Students only:

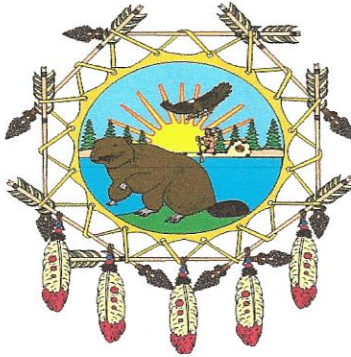
- Official Statement of Final Grades from previous year of funding

Your PSE Application Package is only considered complete once all of the necessary documents have been provided. Check in with your counsellor/funding officer if you are unsure about any of the questions.

Student Name: _____

Date: _____

Student's signature ▶ _____



**BEAVER FIRST NATION
HUMAN RESOURCES DEVELOPMENT
ATTENDANCE AND PROGRESS MONITORING RELEASE FORM**

Monitoring Procedure:

- It is the student's responsibility to make arrangements with the Instructor's, or provide Beaver First Nation Human Resources Development (HRD) with Progress and Attendance Reports as required;
- It is also the student's responsibility to respect an Instructor's right to determine the guidelines for the course, with respect to course work and attendance;
- It is the student's responsibility to provide Beaver First Nation HRD Coordinator with a Letter of Admission, Registration Timetable, Course Outline, and Costs accessed once the student has been accepted at the institution.

The Institution will:

- Monitor daily attendance and provide Monthly attendance reports;
- Provide a Transcript of grades at the end of the semester or module, as requested by the Student;
- If a student drops to part-time studies or officially withdraws prior to the end of the term, you will notify the sponsoring agency, Beaver First Nation, accordingly.

RELEASE

I, _____ authorize _____
(print name) (Institution)

To release to my sponsor, **Beaver First Nation**, information regarding my attendance and academic progress for the approved period of time.

From: _____ To: _____

Student's Signature

Program

Date