CHAPLEAU CREE FIRST NATION POST SECONDARY ECUCATION FUNDING APPLICATION

	Deadl	line Dates			
I understand application deadline	Ja	eptember Intake anuary Intake Jummer courses/semeste	June 1 st October	1 st v 15 th (recommended)	
I further understand that it is my rebefore the deadline dates. Appl additional funds are available.	esponsibility to ensure tl	hat my application is rece	eived in the ad	lministering office on or	
I have read and understand the ab	ove statements.				
Student signature		Application Date (y	/m/d)		
	STUDENT I	NFORMATION			
Surname:		Given name:		Initial:	
Registry Number (10 digit):		Social Insurance Number (optional):			
Date of Birth:		Residency: ë On reserve ë Off reserve ë Crown land			
Permanent Address:		City:		Province:	
Postal Code: T	elephone: ()		Fax: ()		
Email address:					
ë Married student with employed ë Married student with dependen ë Single parent with depen Under the terms of this program "dep whose annual gross earnings are less to Regulations.	nt spouse with dep dent(s) ** pendent" includes only the s than the level of income all	pendent(s) ** spouse and those children of		·	
** Spouse & Dependent Informati	Date of Birth	Status	D _O	gistry Number	
Spouse Name	Date of Birth		Re	gistry Number	
December 1 Nove (1)	Data (Bidh	Status: ë yes ëno		etal a Ni sala a	
Dependent Name(s)	Date of Birth	Status	Ke	gistry Number	
		Status: ë yes ë no			
		Status: ë yes ë no			
		Status: ë yes ë no Status: ë yes ë no		_	
		·			
		Status: ë yes ë no			
EDUCATION INFORMATION					
Years of school: Primary	Secondary Co	ollege University	,		
Have you received post-secondary				ces)	
If yes: Program Name:		Program Le	ength (years):		
			l: ëyes ë		
If yes: graduation date:		<u> </u>	•	ompleted:	
Have you received RAMA Educatio	n funding in the past? ë	yes ë no			
If yes: Program Name:		Program Le	ength (years):		
Funding agency:		Completed	Completed: ëyes ë no		

If no: Number of years completed: _____

If yes: graduation date: _____

EDUCATION PLAN

Program/Course Information Full-time	ë Part-time ë				
Program Name:					
Type of Program: Community College ë University Undergraduate Degree ë					
University Graduate Degree: Masters ë PhD ë					
Other (specify)					
Length of Program (years): Current year of study (i.e. 1 of 3): Graduation Date:					
Institutional Acceptance: Final ë Continuing Student ë Conditional ë					
Academic Schedule (month/year)					
Semester 1: Semester 2:					
Is this a Co-op Program? ë yes ë no					
If yes, when is your designated Co-op semester?					
Is your Co-op semester credited? ëyes ë no Is your Co-op semester a paid placement? ëyes ë no					
Additional Information:					
Institution Name:		Campus:			
Institution Address:	Telephone:				
	Fax:				
Returning Students Only:					
Number of courses ë or credits ë: Required Completed					
Registered (for upcoming semester) Remaining					
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 A. All students are required to send all transcripts to Chapleau Cree First Nation Education office for documentation of progress. Transcripts will be the determining factor for future educational assistance. B. All applications must be completed in its entirety; applications which are not fully completed will be returned to the applicant, thereby jeopardizing the receipt date. C. All students who withdraw from a program of studies or decides to withdraw their application (not attend) must notify the administering office immediately. D. All students cannot transfer to another institution or program without the prior approval of the Education Counsellor. I have read and understand all the requirements for receiving educational assistance. I have completed this form as accurately as possible and understand that incorrect or incomplete information may jeopardize my funding for educational assistance. 					
Student Signature	Date				
FOR OFFICE USE ONLY					
Fiscal Year 20		20/			
Tuition		_			
Books & supplies					
Regular living allowance					
Seasonal travel					
Other costs					
Total cost					
Student months					
Counsellor's comments: Recommended ë Not recommended ë Funding dependent ë					
Soundarior Scomments. Recommended 6 NOCT	coommended of I	anang acpenaent			

Date: _____

Counsellor's signature: