

EDUCATION PLAN

Program/Course Information		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
Program Name: _____			
Type of Program: Community College <input type="checkbox"/> University Undergraduate Degree <input type="checkbox"/>			
University Graduate Degree: Masters <input type="checkbox"/> PhD <input type="checkbox"/>			
Other (specify) _____			
Length of Program (years):	Current year of study (i.e. 1 of 3):	Graduation Date:	
Institutional Acceptance: Final <input type="checkbox"/> Continuing Student <input type="checkbox"/> Conditional <input type="checkbox"/>			
Academic Schedule (month/year)			
Semester 1: _____		Semester 2: _____	
Is this a Co-op Program? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, when is your designated Co-op semester? _____			
Is your Co-op semester credited? <input type="checkbox"/> yes <input type="checkbox"/> no		Is your Co-op semester a paid placement? <input type="checkbox"/> yes <input type="checkbox"/> no	
Additional Information: _____			
Institution Name:			Campus:
Institution Address:		Telephone:	
		Fax:	
Returning Students Only:			
Number of courses <input type="checkbox"/> or credits <input type="checkbox"/> :		Required _____	Completed _____
		Registered (for upcoming semester) _____	Remaining _____

ADDITIONAL APPLICATION CONDITIONS

- A. All students are required to send all transcripts to Chapeau 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 Not recommended Funding dependent

Counsellor's signature: _____

Date: _____