



Mississauga First Nation Education Department
Post Secondary P.O. Box 1299
Blind River, Ontario
P0R 1B0
Tel: 705-356-3197 Fax: 705-356-1867

PERMISSION FOR CONSENT TO RELEASE/REQUEST INFORMATION

Applicant Surname

Given Name

Middle Initial

Educational Institution

Applicants' Student Number

CONSENT TO REQUEST INFORMATION

I, _____ authorize _____
(Student/Applicant's name) (Education Director/Education Counsellor)

I, acknowledge that information related to my academic progress may be requested by my program sponsor and hereby authorize the REGISTRAR'S OFFICE to release this information to the EDUCATION DIRECTOR/EDUCATION COUNSELLOR when requested to do so while enrolled at _____.
(Educational Institution's Name)

CONSENT TO RELEASE INFORMATION

This release of information authorize access from 20____ to 20____,

I, _____ provide my consent as maybe required to allow the Mississauga First Nation Post Secondary Program to release information and provide copies of documentation to educational and employment and training, institutions(s) and Federal and Provincial Governments/Agencies. This consent is intended to allow the Mississauga First Nation Post Secondary Program to provide information so that my eligibility for other assistance (including employment) maybe determined and to confirm any assistance received through the Mississauga First Nation Post Secondary Program.

Signature of Student

Date

Signature of Witness

Date



Application for Education Assistance
Mississauga First Nation Education Department
Post Secondary Program
P.O. Box 1299
Blind River, Ontario
P0R 1B0
Tel: 705-356-3197 Fax: 705-356-1867

PERSONAL INFORMATION

Registry Number

2	0	0							
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Birth Date

--	--	--

Application Date

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Month Day Year

Month Day Year

Surname	Given Name	Phone No.	Cell Phone
Home Address	Province	Postal Code	Phone Number
Address While at School	Province	Postal Code	Phone Number
Sex Female <input type="checkbox"/> Male <input type="checkbox"/>	Dependents	Residence Off <input type="checkbox"/> On <input type="checkbox"/>	Canadian Resident Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person		Contact Number	

EDUCATIONAL INFORMATION

Category		Attendance		Type of Program	
<input type="checkbox"/> Level 1 College <input type="checkbox"/> Level 2 University <input type="checkbox"/> Level 3 Grad Studies <input type="checkbox"/> Level 4 Doctorial Studies		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> College Certificate <input type="checkbox"/> College Diploma <input type="checkbox"/> University Degree <input type="checkbox"/> Post Degree <input type="checkbox"/> PHD Degree	
Program		Institution		Location	
No. of Courses	No. Of Credits	Length of Program	Current Year of Study	___/___/___ to ___/___/___ Academic period for this Application	
Most Recent Full Time Post Secondary Ed.		Dates Attended	Funded by INAC or Mississauga Education	Program Completed	
Institution	Program	From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATIONAL INFORMATION – continued

Page 2

Semester 1		Semester 2	
Course Code	Description	Course Code	Description

PLEASE COMPLETE THIS SECTION TO THE BEST OF YOUR KNOWLEDGE AT THE TIME OF APPLICATION

FINANCIAL INFORMATION

Post Secondary Budget
For The Fiscal Year from _____ to _____

Description	Cost	Requested by Student		Approved by Ed. Dept.	
Tuition		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Books		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living Allowance		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Travel		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Costs		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total Cost					

BANKING DEPOSIT INFORMATION

A VOID CHEQUE IS REQUIRED TO ACCOMPANY THIS APPLICATION FROM EITHER THE ROYAL BANK OF CANADA OR THE BANK OF NOVA SCOTIA.

Name of Bank	
Branch No.	
Account No.	

REQUIRED DOCUMENTATION TO ACCOMPANY APPLICATION

	Copy of your Indian Status Card		Residence Breakdown if staying in Residence
	Attach a copy of a Void Cheque		Letter of Acceptance
	Tuition Fee Statement		Copy of Secondary/Post Secondary Transcripts
	Detailed Tuition Breakdown		Valid E-mail Address

I declare that all of the above information is complete, true and accurate, and I agree to inform the Mississauga First Nation Post Secondary Education Department of any changes which may affect my eligibility for funding. I also declare that I have read, understood, and agree to comply with all definitions, rules and guidelines listed in the Mississauga Post Secondary Education Policies and this application

Signature of Applicant _____ Date _____

Signature of Education Counsellor _____ Date _____

EDUCATIONAL PLAN

Mississauga First Nation Education

Student Surname	Given Name
Address	Date of Birth Day _____ Month _____ Year _____
Home Phone No.	Cell Phone No.
Date Completed Day _____ Month _____ Year _____	

1. Employment Goal

2. Education Goal

3. Education & Training

4. Skills & Experience

5. Employment History

6. Interest & Hobbies

7. Education Readiness & Maintenance

8. Personal or Environmental Issues

9. Assessment Summary



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STUDENT RESPONSIBILITY AND ACCOUNTABILITY AGREEMENT

I, _____ as a Post-Secondary Student sponsored by the Mississauga First Nation Education Department Post-Secondary Program do hereby agree to the follow:

- To ensure that at all times I am enrolled in sufficient courses to be considered full/part time student at the institution I am attending.
- That if I withdraw from a course or from any program of study without the authorization from the Mississauga Education Post-Secondary Program, I understand and accept that my funding maybe suspended or terminated. Further that I will be required to pay back any monies which I received or any monies paid on my behalf while not in school. Failure to pay back any monies owing will result in no further sponsorship from the Mississauga Education Post-Secondary Program.
- To be diligent in my studies by attending classes on a regular basis and completing all assignments and other course requirements as required by each course of study
- To contact the Mississauga Education Post-Secondary Program when I encounter academic and/or social difficulties that is adversely affecting my academic performance.
- To use all allowances which I am eligible for, exclusive to the uses as outline in the Post-Secondary Policies and Procedures.
- That the Mississauga Education Post-Secondary Program reserves the right to suspend and/or terminate educational assistance if I demonstrate a lack of ability or unwillingness to meet the academic, social or financial responsibilities.
- That if I refuse to abide by this agreement the Mississauga Education Post-Secondary Program reserves the right to terminate sponsorship.

Declaration of Agreement

- I have read the Mississauga First Nation Education Post-Secondary Program policy and further agree and understand the above conditions.

Signature of Student

Date

Signature of Witness

Date



Mississauga First Nation Education Department
Post-Secondary Program
P.O. Box 1299
Blind River, Ontario
P0R 1R0

POST SECONDARY STUDENT CONTRACT

I, _____ as a Post-Secondary Student sponsored by the Mississauga First Nation Education Department Post Secondary Program agree to and accept the following conditions and responsibilities and understand that any

- Student will communicate at least once a month with the Education Counsellor.
- Student will satisfy the academic requirements specified by the students' institution.
- Student must submit transcript for each school semester to the Education Counselling when they are available from the College or University.
- Student must report other income such as Employment Insurance Family Benefits/Social Assistance when applying for education assistance.
- Student must report income earned such as; co-op, placements and TA positions.
- Student must report any program changes, including course withdrawals.
- Student must immediately notify the Education Department/Counsellor if withdrawing from the institution and complete the necessary withdrawal forms.
- Student will complete a Letter of Request when requiring a copy of the student's file.
- If a student receives educational subsidy to which the student is not entitled, the student will be required to repay the full amount before further assistance is approved.

Declaration of Agreement

I do hereby comply with the terms and conditions according to the Mississauga Education Post-Secondary Policies and Procedures and understand that any misuse of educational financial assistance can result in funding/sponsorship being withheld for two years and any repayment of financial educational assistance must be made before I can reapply again after the two year waiting period.

Signature of Student

Date

Signature of Witness

Date



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Post Secondary Program

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POST – SECONDARY PROBATIONARY STUDENT CONTRACT

I, _____ as a Post Secondary Student sponsored by the Mississauga First Nation Education Department Post Secondary Program agree to and accept the following conditions and responsibilities of being on probation and that I will:

- I will attend all classes, complete assignments and utilize all counselling and tutoring services to assist in meeting the academic requirements of the institution.
- I will complete a revised Educational Plan outlining:
 - a). Student's perspective as to why he/she was not successful in passing his/her courses.
 - b). Identify if the courses were mandatory courses or elective courses.
 - c). Identify when the course will be available to retake
 - d). Inform if this will have an effect on the date of graduation.
 - e). Identify the student services available to them
- I will contact the Education Counsellor on monthly basis to follow up on my academic achievement.
- I will submit an monthly attendance report to the Mississauga First Nation Education Department

Mississauga First Nation
Education Department
Post Secondary Program
P.O. Box 1299
Blind River, Ontario



Date _____

Re: Educational Assistance Probation

Dear _____ :(Students' Name)

The Mississauga First Nation Education Department has reviewed your academic performance and it has been noted that your Grade Point Average is below minimum requirements set out in the Mississauga First Nation Post Secondary Student Assistance Program Policy and Procedures.

Please be advised that Mississauga First Nation Education Department has placed you on probation for _____ (month) _____(year) semester. This will allow you time to raise your Grade Point Average to at least 2.00. If your Grade Point Average remains below the minimum requirements, the Education Department will have no alternative but to discontinue funding.

If you have any questions or concerns regarding this matter, please do not hesitate to call the Education Department at 705-356-3197.

Sincere Regards,

Connie Morningstar
Education Counsellor.

Cc: Ernestine McLeod

Mississauga First Nation,
Education Department
Post Secondary Program
P.O. Box 1299,
Blind River, Ontario



Date _____

Re: Approval of Educational Assistance

Dear _____:(Students' Name)

Your application for education assistance has been approved as follows:

Allowance Per Month _____	Travel Per Trip _____
Books Per Semester _____ note per year @ \$600.00	

- Students living in residence will have his/her allowance reduced by the amount required for resident fees.
- Please retain all book receipts for justification, should additional funds be required.
- Please immediately contact your Education Counsellor:
 - a) **If you decide to change your course of studies:**
 - b) **Before you withdraw from any or all courses during the school year; or**
 - c) **If you pick up extra courses.**

As you are aware, you are **NOT** entitled to receive an allowance after you have withdrawn from the Educational Institution that you are attending. If you do not inform the Mississauga Education Department and continue to receive allowances, **you will be required to repay the money, and you will be required to make that repayment before any further educational assistance will be approved.**

Thank you for your co-operation and if we can be of further assistance, please contact our office at 705-356-3197.

Connie Morningstar, Education Counsellor.



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Student Sponsorship	
Sponsoring First Nation -Mississauga First Nation	Connie Morningstar – Contact Person 705-356-3197

Mississauga First Nation is sponsoring the following student(s) for the semester as indicated

Student Name	Student Number	Academic Semester Spring/Summer/Fall/Winter	Program

Please invoice Mississauga First Nation Education Department at the above address for the following fees.

- Tuition Fees
- Books and Supplies for Part Time courses.

Should the student withdraw from the above program PLEASE forward the REIMBURSEMENT to Mississauga First Nation Education Department at the address above.

Please provide the student transcripts to the Mississauga First Nation Education Department each semester.

Comments _____

Signature _____

Title _____

Date: _____



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Student Information Sheet

Name	
Address	
Postal Code	
Telephone	
E-mail Address	

Course of Student	
Current or New Student	
Graduation Date	

Additional Changes

Signature _____

Date _____



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Student Appeal Process

Student Information

Name	
Address	
Postal Code	
Telephone	
E-mail Address	

Appeal Information

1. My appeal is about the following:
(Describe the decision you are appealing and provide the name of the department or person(s) who made the decision. If you are aware that they were acting under a specific policy or departmental rule, regulations, or guideline, please provide the details.)

2. Summarize the reason for your appeal:

**3. Outline the steps you have taken to resolve this issue:
(If possible, please reference specific dates and details and include the names of University College employees you have dealt with.)**

4. Describe the result or outcome that you seek.

**5. Are there any documents that you want the Appeal Committee to review?
Yes _____ No _____ If Yes, enclose the documents with this form**

I hereby affirm that the information on this form is an accurate description of the circumstances that led to this appeal.

Signature: _____

Date: _____

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Standard Letter

Mississauga First Nation,
Education Department
Post Secondary Program
P.O. Box 1299,
Blind River, Ontario



Date _____

Dear _____ :(Students' Name)

The Mississauga First Nation Education Department reviewed your academic performance and it has been noted that your Grade Point Average is below minimum requirements in accordance with the Mississauga First Nation Post Secondary Student Assistance Program Policy and Procedures.

Please be advised that Mississauga First Nation Education Department will place you on probation for _____(month) _____(year) semester. This will allow you time to obtain the minimum requirements needed to raise your Grade Point Average to a 2.00. If your Grade Point Average remains below the minimum requirements the Education Department will have no alternative but to discontinue funding.

If you have any questions or concerns regarding this matter, please do not hesitate to call the Education Department at 705-356-3197.

Sincere Regards,

Connie Morningstar
Education Counsellor.

Cc: Ernestine McLeod

Mississauga First Nation,
Education Department
Post Secondary Program
P.O. Box 1299,
Blind River, Ontario



Date _____

Dear _____ : (Students' Name)

Your application for education assistance has been approved as followed:

Allowance Per Month _____	Travel Per Trip _____
Books Per Semester _____ note per year @ \$600.00	

- Students living in residence will have their allowance reduced by the amount required for resident fees.
- Please retain all book receipts for justification, should additional funds be required.
- Please contact your Education Counsellor.

- d) If you decide to change your course of studies.**
- e) Before you withdraw from any or all courses during the school year.**
- f) If you pick up extra courses.**

As you are aware, you are **NOT** entitled to receive an allowance after you have withdrawn from the Educational Institution that you are attending. However, if you do not inform the Mississauga Education Department and continue to receive allowances, **you must refund the overpayment before further assistance will be approved.**

Thank you for your co-operation and if we can be of further assistance, please contact our office at 705-356-3197.

Connie Morningstar
Education Counsellor.