

OMUSHKEGO EDUCATION
36 Birch Street S.
Timmins, Ontario. P4N 2A5
Tel: (705) 268-5703 Fax: (705) 268-3282

EDUCATION ASSISTANCE APPLICATION PACKAGE

Applicants who require sponsorship and students who have completed a program of study and require sponsorship at another level must apply for educational assistance by the following deadlines:

May 1st for programs beginning in September
October 1st for programs beginning in January
March 1st for programs beginning in Spring/Summer

All applications for sponsorship must include the following information by the specified deadlines: **ORIGINALS ONLY!**

- i) A written request indicating career and academic goals
- ii) Transcripts/documents of High School and previous Post Secondary education
- iii) A letter of Acceptance from the Institution
- iv) Tuition fee statement indicating total program costs
- v) A letter of reference from an employer or professional
- vi) Post Secondary Education Assistance Application Form (completed and signed)
- vii) Consent for Release of Information Form, Bill C-31 Consent for Release of Information Form and Student Agreement Form (completed and signed)
- viii) A letter from First Nation or Aboriginal Affairs and Northern Development Canada verifying Bill C-31 status.
- ix) A clear and readable copy of Indian Status Card (both sides)

Please contact the Post School Counsellor, if you need assistance in completing the application package: dmcheechoo@mushkegowuk.ca



OMUSHKEGO EDUCATION

Application Form for Educational Assistance

PERSONAL INFORMATION

<i>Surname:</i>	<i>Given Name:</i>	<i>Initial:</i>
<i>Band Number:</i>	<i>Social Insurance Number:</i>	
<i>Permanent Address:</i>	<i>Last School Attended:</i>	
	<i>Last Year Attended:</i>	
<i>Home Telephone #:</i>	<i>High School Graduation Year:</i>	
<i>E-mail:</i>	<i>Emergency Contact Name:</i>	
<i>D.O.B.(dd/mm/yy):</i> / /	<i>Emergency Contact Telephone#:</i>	
<i>Marital Status:</i> <input type="checkbox"/> <i>Single</i> <input type="checkbox"/> <i>Single Parent</i> <input type="checkbox"/> <i>Married/Common Law</i> <i>Other (Specify):</i>		
<i>Spouse's Name:</i>		
<i>Spouse's Employment Status:</i> <input type="checkbox"/> <i>Employed (Full)</i> <input type="checkbox"/> <i>Employed (Part)</i> <input type="checkbox"/> <i>Student</i> <input type="checkbox"/> <i>Unemployed</i> <input type="checkbox"/> <i>Unemployed with Benefits</i>		

Number of Dependents

Name	Relationship	Date of Birth

Please attach copies of your dependent's birth certificate(s).

Attached Reason for not being available: _____

Attach additional paper if needed Child care required? Yes No

EDUCATION PLAN

Do you consider yourself to be a person with a disability/medical condition? YES/NO; if so, please specify and include professional documentation from the following Professionals such as Educational Psychologists, Medical Doctors.

Educational Institute:

Program of Study:_____

Applicant's academic year:
Full Time Part Time:
Expected Starting Date: _____
Expected Completion Date: _____
Length of Program: _____ years

I hereby certify that the above information given on this form is true, exact, and complete. I hereby authorize the Omushkego Education and authorized persons to check if information given in this form is accurate. I understand that any false information given in this form or omission may lead to action against me and/or to automatic rejection or dismissal from the program. The Omushkego Student Services reserves the right to take appropriate action in the event of false, inaccurate statements made in the form or of any relevant documentation

Applicant Signature

Date



O mushkego Education
36 Birch Street S.
Timmins, Ontario P4N 2A5
Tel: (705) 268-3594
Fax: (705) 268- 3282

CONSENT FOR RELEASE OF INFORMATION

(Applicant's Surname)

(Given Name)

(Initial)

(Spouse's Surname)

(Given Name)

(Initial)

I/We declare my/our full consent to Omushkego Education requesting verbal or written information to confirm and verify:

1. My/Our statement of income from my/our employer, governmental and private sources of income, information that is critical in assessing my level of edibility for educational assistance.
2. Information on my academic standing in my program of studies as may be required by the Authority from time to time, such official transcripts from the educational institution in which I am currently enrolled for the academic year ____/____.

Educational Institution & Applicant's Student Number

Signature of Student

Date

Signature of Spouse

Date

OMUSHKEGO EDUCATION
BILL C-31 FOR RELEASE OF INFORMATION

Sponsor Contact Information:

Omuskego Education
36 Birch Street S.
Timmins, Ontario, P4N 2A5
Tel. (705) 268-3594
Fax: (705) 268-3282

Applicant's Surname:	Given Name:	Initial:
Applicant's D.O.B (dd/mm/yy)		
Mother's Maiden Name:	Given Name:	Initial:

I declare my full consent to Omushkego Education on behalf of the Bill C-31 Post Secondary Program administered under Mushkegowuk Council in requesting written information to confirm and verify with Indian Registry and Band Lists, Indian and Northern Affairs Canada, Ottawa;

- My personal information regarding my registry in the Indian Register,
- My Corresponding Registry number,
- My registry with the Albany Band.

_____	_____
Signature of Student	Date



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STUDENT AGREEMENT FORM

I, _____, as a post-secondary student sponsored by the Omushkego Education, agree:

- 1) To ensure that all times I am enrolled in sufficient courses to be considered a full-time student at the institution I am attending.
- 2) That if I withdraw from my program course of study without authorization from the Omushkego Education, I understand and accept the penalty of forfeiting any further application for sponsorship for one full academic year, 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.
- 3) To demonstrate respect and consideration for all people, private and public property, as well as maintaining and respecting the law at all times and to take full responsibility for my own actions.
- 4) 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.
- 5) To contact the Omushkego Education Post-Secondary Student Counsellor for appropriate counselling, when I encounter academic and/or social difficulties that is adversely affecting my academic performance.
- 6) To use all allowances which I am eligible for, exclusive to the uses as outlined in the Post-Secondary policy.
- 7) That the Omushkego Education 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.
- 8) That if I refuse to abide by this agreement the Omushkego Education reserves the right to terminate sponsorship.

I understand and agree with the above conditions.

Signature of Student

Date