



KITIGAN ZIBI EDUCATION SECTOR
POST SECONDARY OFFICE
41 Kikinamage Mikan, Maniwaki, Quebec J9E 3B1

Tel.: (819)449-1275
Fax: (819)449-1246
1-888-440-1275

POST SECONDARY STUDENT SUPPORT PROGRAM APPLICATION

Incomplete applications will not be processed. No payments will be made until application is approved.

Deadlines to apply with the Kitigan Zibi Education Sector:

Fall semester: July 1st • Winter semester: November 1st • Spring/Summer semester: April 15th

Part Time:

Full Time:

Tuition and Books Only:

Identify which semester you are applying for (CHECK ONE BOX ONLY):

Fall and Winter

Start date:

End date:

Fall only

Start date:

End date:

Winter only

Start date:

End date:

Spring/Summer

Start date:

End date:

STUDENT IDENTIFICATION

New Student

Re-enrollment

Continuing student

Student #:

Date of Birth:

YEAR / MONTH / DAY

S.I.N.#:

 - -

Kitigan Zibi Anishinabeg Band #:

Band Code: 073

Gender: Male

Female

Have you ever applied to Post Secondary funding previously?

Yes

No

Have you ever been on academic Probation before, as per Section 9.0 of the Post Secondary Student Support Program Policy?

Yes

No

BASIC STUDENT INFORMATION

Surname:

Given Name:

Contact Numbers

Telephone Number 1:

 () -

Telephone Number 2:

 () -

E-Mail address:

Fax Number:

 () -

Next of Kin contact:

Name:

Relation to applicant:

Telephone:

 () -

Address:

STREET OR P.O. BOX

CITY/TOWN

PROVINCE/STATE

ZIP CODE

PLEASE COMPLETE: SECTION A (PART 1, 2, 3 & 4,) AND SECTION B

Marital Status	Permanent Residence	Canadian Residence
Single <input type="checkbox"/>	On Reserve <input type="checkbox"/>	Yes <input type="checkbox"/>
Married <input type="checkbox"/>	Off Reserve <input type="checkbox"/>	No <input type="checkbox"/>
Common Law (12 months+) <input type="checkbox"/>		

Number of Dependents

Number of dependents residing with me: 0 (not applicable) 1 2 3+

Full Time: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Part Time: Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Other: _____	

Please Complete Name and Date of Birth of each dependent:

Name	Date of Birth	Birth certificate attached

NOTE: The applicant must provide medical card and/or birth certificate of child/ren, the parents name must appear on the supporting document.

ACADEMIC HISTORY

High School completed: Yes No Year:

Post Secondary Background or other training completed:

School	Location	Year	Course	Diploma/Degree received

EDUCATION PLAN

Attendance

Full time
 Part time

Number of hours per week _____

If at University level: B.A. M.A. PH.D Other _____

Program: _____

If part time, indicate course and course code.

Institution: _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

Location: _____

Length of Program: _____

Year of Study: _____

Institutional Acceptance: Final Continued Conditional

Expected Date of Graduation: _____

I hereby certify that the above information is complete and correct.

Applicant's signature: _____

Parent's signature: _____
 (if under 18 years of age)

Date of Application: _____

Type of Program

CEGEP/Community College
 University

APPENDIX III

AUTHORIZATION FORM

FOR REGISTRATION CONFIRMATION, MARKS AND ATTENDANCE

Please indicate term: Fall _____ Winter _____ Spring/Summer _____

COLLEGE/UNIVERSITY: _____

This is to certify that I _____ a student with the above Education Institution give permission to the Kitigan Zibi Education Sector to have access to any document or information in regards to my registration, confirmation, marks and attendance.

Signature of Student

Signature of Parent (under the age of 18)

POST SECONDARY STUDENT FUNDING CONTRACT

I do hereby declare that I have completed to the best of my knowledge all required sections of the Post Secondary Student Support Application Form.

I further declare that I agree to abide by all clauses contained in the applicable Kitigan Zibi Education Sector Post Secondary Student Support Program Policy. For the purpose of this document, any interpretation is that of the Kitigan Zibi Education Sector. Any questions should be immediately directed to the Post Secondary Student Support Program Officer or to the Director of Education for clarification.

I hereby declare that should I have any monies owing to the Kitigan Zibi Anishinabeg or any of its Service Sectors due to over payment or non-justified payments, that such monies will immediately be deducted from any monies allocated to me by the Kitigan Zibi Anishinabeg or any of its Service Sectors. Furthermore, I acknowledge that the Kitigan Zibi Education Sector reserves the right to forward all refusals for reimbursement of over payment or non-justified payment to a collection agency.

Finally, I agree that should I fail to comply with the guidelines governing the Kitigan Zibi Post Secondary Student Support Program or should I knowingly provide false information regarding my application and/or my on-going status as a post-secondary student, that all financial support may be withheld or immediately terminated, and all funds allocated or paid on my behalf may be required to be immediately reimbursed in full.

I have read and understood this application for Post Secondary Educational Assistance as well as acknowledge receiving a copy of the Kitigan Zibi Educational Sector Post Secondary Student Support Program Policy.

I agree to all conditions outlined in this application and agree to be bound by all regulations contained in the applicable Post Secondary Student Support Program Policy which includes but is not limited to providing mandatory letters from the institution, and by any changes which may be made from time to time. I also agree that the information provided herein can be used by the Kitigan Zibi Anishinabeg and its service sectors to provide better service.

Applicant's Signature	Date
Parent's Signature (if under 18 years of age)	Date

**FOR OFFICE USE ONLY
KITIGAN ZIBI EDUCATION SECTOR AUTHORIZATION**

Your application for Post Secondary Funding for the:

Fall semester _____
 Winter semester _____
 Spring/Summer semester _____

HAS BEEN: Approved Denied under the following conditions:

Level	1 <input type="checkbox"/>	Used	Left
	2 <input type="checkbox"/>		
	3 <input type="checkbox"/>		

Post Secondary Student Support Program Officer	Date
Director of Education	Date