



Fall 2017 ERFN Advanced Education Funding Application Checklist

In order for your application to be considered complete, you must have all of the following items submitted by the deadline(s):

By **May 30, 2017**

- **A completed ERFN Advanced Education Application form.**

By **June 30, 2017**

- **Official High School transcripts.** Initial transcripts do not have to be the Grade 12, but arrangements to mail Grade 12 transcripts to Advanced Education Student Service Office should be made by student with Ministry of Education, records office.
- **Past Post-secondary Institute transcripts** (where applicable).
- **A minimum of two letters of reference from former teachers and/or employers.**
- **Letter of acceptance from institute.**

Please note that any application that do not include all of the above will not be considered a complete package and will not be considered for funding review by the Selection Committee.

The deadline to submit your ERFN Post-secondary Student Support Program Application form for the Fall 2017 Semester is May 30, 2017. Please have completed applications **mailed or emailed to:**

Kristina Duffee
ERFN Post-secondary Counsellor
102 8th Street East
SASKATOON SK S7H 0N9
Phone: (306) 221-9285
erfn.post.sec@gmail.com



ERFN Advanced Education Application Form

A. Basic Student Information

First Name _____ Middle Initial _____ Last Name _____

Gender (check) Male Female

Birthdate _____ / _____ / _____
Year Month Day

Treaty Number _____

Social Insurance Number _____

Marital Status _____

Address _____

City _____

Province _____ Postal Code _____

Address 2 _____

City _____

Province _____ Postal Code _____

Email Address _____

Home Phone _____ Fax Number _____

Business Phone _____ Cell Phone _____

Are you currently employed? (Check) Yes No

Income source and amount per year _____

Have you received Employment Insurance? (Check) Yes No

Previous Education

Have you completed High School? (Check) Yes No

If No, (Check) General Education Development Adult Education/Mature/Other

If Yes

High School attended _____

City _____ Province _____ Postal Code _____

Dates attended

From _____ / _____ To _____ / _____
Year Month Year Month

Diploma received Yes No Highest Grade completed _____

University College or Technical Institute _____

City _____ Province _____ Postal Code _____

Dates attended

From _____ / _____ To _____ / _____
Year Month Year Month

Completed (Check) Yes No

If completed: Degree, Diploma, or Certificate obtained _____

University College or Technical Institute _____

City _____ Province _____ Postal Code _____

Dates attended

From _____ / _____ To _____ / _____
Year Month Year Month

Completed (Check) Yes No

If completed: Degree, Diploma, or Certificate obtained _____

B. Marital/Family Information

Marital Status _____

Name of spouse _____

Address _____

City _____ Province _____ Postal Code _____

Treaty Number of spouse _____

Member of which First Nation _____

Employment status of spouse _____

If spouse is employed, where _____

Address _____

City _____ Province _____ Postal Code _____

Annual income _____

If spouse is unemployed, source of income _____

Dependants

Name _____

Birthdate ____ / ____ / ____
Year Month Day

Name _____

Birthdate ____ / ____ / ____
Year Month Day

Name _____

Birthdate ____ / ____ / ____
Year Month Day

Are they currently residing with you? (Check) Yes No

Do you and your spouse receive any income for their support? (*child tax benefits, child support, maintenance, trust fund*)

(Check) Yes No

If Yes, amount per month _____

Assistance Requested

Have you been accepted to a post-secondary institution? (Check) Yes Unknown at this time

Institution _____

Program/Faculty/College _____

Location of Post-secondary Institute

City _____ Province _____ Postal Code _____

Major Specialization _____

Length of Program _____

Program (Check) Coop Study Regular Attendance (Check) Full-time Part-time

Expected Completion Date: _____ / _____ / _____
Year Month Day

Practicum(Check) Yes No

If Yes, when and how long: _____

- Assistance requested:
- Living Allowance Only
 - Tuition Only
 - Books Only
 - All of the Above

Explain your reasons for assistance requested _____

Assistance for this academic year to commence:

From ____ / ____ / ____
Year Month Day

To ____ / ____ / ____
Year Month Day

Are you applying for a student loan? (Check) Yes No

C. Career Planning

Have you completed a career study? (Check) Yes No

What resources have you checked with regard to your career path?

What factors influenced your decision to attend post-secondary education?

What are your long-term goals related to post-secondary education?

Mandatory

Complete if you have previously accessed post-secondary education funding from any source particularly ERFN Post-secondary Program.

What sources of funding have you previously accessed for post-secondary education?

For what education/training program?

Were you successful in completing the requirements of the course? (Check) Yes No

What steps have you taken to ensure your successful completion of this training/education?

I, (Print Name) _____ ,

authorize the English River First Nation Advanced Education Program Counsellor to access information concerning my academic records at the institution I am attending.

I accept responsibility for satisfying the academic requirements of the institution and managing the education assistance funds to the best of my ability.

I will complete a student monitoring report/progress report/cumulative record signed by an authorized program/academic advisor at the institution of study and will forward a copy to the English River First Nation Post-secondary Program before the term ends.

I will submit a copy of final marks at the end of each term and a declaration of full-time attendance each month.

Signature

Date signed _____ / _____ / _____
Year Month Day

