



2019 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, 2019**

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

By **June 30, 2019**

- **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 does not include all of the above will not be considered a complete package and will not be considered for funding review.

The deadline to submit your ERFN PSSSP Application form for programs beginning during the 2019-2020 Academic Year is **May 30, 2019.** Completed applications can be emailed to:

erfn.post.sec@gmail.com
Attention: Kristina Duffee
ERFN AESSP Counselor



ERFN Advanced Education Application Form

A. Basic Student Information

First Name _____ Middle Initial _____ Last Name _____

Gender Male Female Birthday (YYYY/MM/DD) _____

Treaty Number _____

Marital Status _____

Study Address _____

Address2 _____

City _____

Province _____ Postal Code _____

Permanent Address _____

Address2 _____

City _____

Province _____ Postal Code _____

Email Address _____

Home Phone _____ Fax Number _____

Business Phone _____ Cell Phone _____

Are you currently employed? Yes No

If Yes Part-time: Full-time:

Income source and amount per year _____

Have you received Unemployment Insurance (EI)? Yes No

B. Previous Education

Have you completed High School? Complete Grad 12 (24 credits) Adult 12 ABE 12

If No, check one GED 12 Mature Student Status with no GED 12

High School attended _____

City _____ Province _____ Postal Code _____

Dates attended

From (month/year) _____ To (month/year) _____

Diploma received Yes No Highest Grade completed _____

University College or Technical Institute _____

City _____ Province _____ Postal Code _____

Dates attended

From (month/year) _____

To (month/year) _____

Completed Yes No

If completed Degree, Diploma, or Certificate obtained:

University College or Technical Institute _____

City _____ Province _____ Postal Code _____

Dates attended

From (month/year) _____

To (month/year) _____

Completed Yes No

If completed Degree, Diploma, or Certificate obtained:

C. 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 (YYYY/MM/DD): _____

Name _____

Birthdate (YYYY/MM/DD): _____

Name _____

Birthdate (YYYY/MM/DD): _____

Are they currently residing with you? Yes No

Do you and your spouse receive any income for their support? (*child tax benefits, child support, maintenance, trust fund*): Yes No

If Yes, amount per month: _____

D. Assistance Requested

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

Institution _____

Program/Faculty/College _____

Location of Post-secondary Institute

City _____ Province _____ Postal Code _____

Major Specialization _____

Length of Program _____

Program Coop Study Regular Attendance Full -time Part-time

Expected Completion Date _____

Practicum 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 (MM/YYYY to MM/YYYY):

Are you applying for a student loan? Yes No

E. Career Plan

What is your career plan?

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?

F. Mandatory

Complete if you have previously accessed post-secondary education funding from any source particularly the ERFN Post-secondary Program. For example, ASSETS, Provincial Training Allowance?

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

For what education or training program?

How long were you funded for?

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

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

I, _____, authorize the English River Advanced Education Program
(Print your name please)

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 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