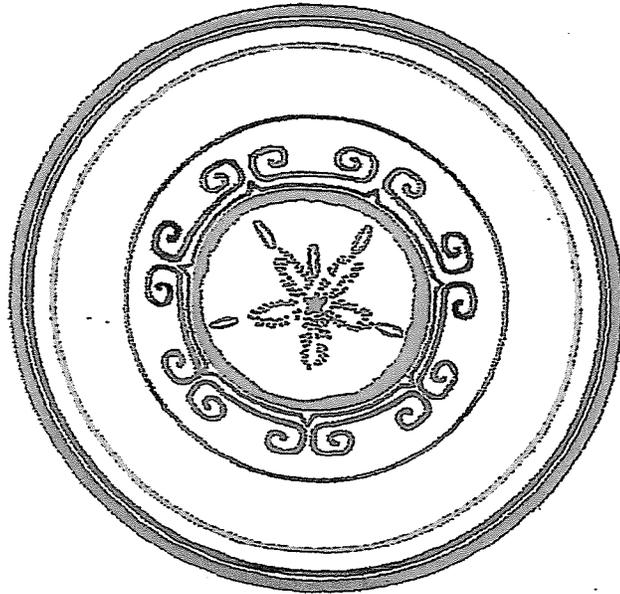


Acadia First Nation



**APPLICATION/LEARNING CONTRACT
FOR
POST SECONDARY EDUCATIONAL/TRAINING ASSISTANCE**

Closing Date for Applications: JUNE 15

**Approved by Chief and Council
May 2012**

Part One: Student Information

Name: Last: _____ First: _____ Initial(s): _____

Date of Birth: Year _____ | Month _____ | Day _____ SIN: _____

Your Band Number (ten digits): _____

Mailing Address: _____

Postal Code: _____ Telephone: (_____) _____

Have you resided in Canada for twelve (12) consecutive months prior to the date of submitting this application? Yes () No ()

Student Type (check one): _____ New _____ Continuing _____ Previously Funded

Previously funded in the last five (5) years? Yes () No ()

Part Two: Dependent Information

List your biological/adopted children under eighteen (18) years (documentation must be attached):

Name	Age	Does s/he reside with you?	Date of Birth

Part Three: Previous Education and Training

School/Training	School Attended	Program Completed	Year Completed	Name of Certificate/ Diploma Received
High School				
College				
Technical Institute				
Private				
University				
Other (specify)				

Part Six: Program Costs

Tuition	Books	Other Funding Requested (specify)

Accommodations While Attending School
____ Student Residence
____ Residing With Parent/Guardian
____ ** Living On Own
** For a student living on their own a copy of your lease must be attached to your
application.

A letter of acceptance from the eligible post secondary/training institution and a copy of your previous transcript must be submitted along with the application before your funding assistance request will be reviewed and considered for approval.

(Student/Applicant Signature)

(Date)

CLOSING DATE FOR APPLICATIONS : JUNE 15

Part Eight: Letter of Agreement/Acknowledge

I, _____, declare that I have read, fully understand and agree to abide by the Acadia First Nation Post Secondary Educational Assistance Program Policy.

I accept the responsibility of satisfying the academic or training requirements of the eligible post secondary institution.

I agree to manage the educational assistance funds in a reasonable and responsible manner. I also give permission to my Case Manager/Education Director to verify my financial status, if necessary.

I also agree to sign the Transcript Release/Post Secondary File Access Permission Form and to return this form to my Case Manager/Education Director.

I further agree to provide a copy of my rental agreement (lease), where applicable, to my Case Manager/Education Director.

I also declare that the information given by me on the application form/s is true and accurate. I understand that acceptance or approval of my application for educational assistance is based on the accuracy of the information provided. Failure or neglect on my part to inform my Case Manager/Education Director of any changes to my application which may cause overpayment, underpayment or significant alteration to my file **will** result in the suspension or discontinuation of funding for a minimum period of five (5) years.

I also acknowledge that all funding received for my educational/training purposes are considered loans. These loans become 100% forgivable upon successful completion of my program.

(Student/Applicant Signature)

(Date)

Part Nine: Transcript Release- Post Secondary/Training File Access Permission

I, _____, hereby give my Case Manager/
Education Director of Acadia First Nation, _____
permission to access my academic records (post secondary/training file) at
_____ for the purpose of
obtaining information pertaining to my progress/status.

I further give my Case Manager/Education Director, _____
permission to obtain a transcript of my marks, when necessary.

(Student/Applicant Signature)

(Date)

Part Ten: Consent To Disclose/Use/Exchange Personal Information

I, _____
(Student/Applicant Name) _____
(SIN)

consent to the disclosure, use and/or exchange of my personal information between my Case Worker/Education Director of Acadia First Nation and any training or funding institution in which I may be enrolled or any service provider that I may have worked with in the past or whom I may work with in the present. Such personal information may include but is not necessarily limited to, my:

- Name
- Address
- Social Insurance Number
- Contact Information (phone/fax/email)
- Application Status
- Attendance Reports
- Progress Reports (including marks)
- Funding Received

(Student/Applicant Signature)

(Date)

(Case Manager/Education Director)

(Date)