

Ginew School
Roseau River Anishinaabe Nation
P.O. Box 10
Ginew, Manitoba R0A 2R0

Telephone: 204-427-2490
Fax: 204-427-2398

APPLICATION FOR POST SECONDARY EDUCATIONAL ASSISTANCE

A. PERSONAL INFORMATION:

FULL NAME: _____

OTHER ADDRESS: _____ Telephone: _____

RESERVE ADDRESS: _____ Telephone: _____

E-Mail Address: _____ Band & Status No. (10 digit): _____

Birth Date: _____ Social Insurance No.: _____
(m/d/y)

Marital Status: _____ (single, married, common-law) No. of Dependents: _____

Is Spouse a Student? _____ Is Spouse Employed? _____

If Spouse is dependent, please enclose a letter from your spouse to verify that he/she is not receiving income from any other source, if no letter is held on file, your spouse will not be considered as a dependent, but as employed. This will also affect your claim for other dependents.

Dependents:	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

B. IN CASE OF AN EMERGENCY:

Next of Kin: _____ State Relationship

Address: _____

Telephone: _____

C. SECONDARY EDUCATION HISTORY:

Name of Institution: _____

Highest grade completed: _____ Year Completed: _____

Academic Grade 12: _____ Adult 12: _____ GED 12: _____

(Please provide a copy of your transcript)

D. POST SECONDARY EDUCATION HISTORY:

Name of Institution: _____

Location: _____

Program: _____ Length: _____

Start Date: _____ Completion Date: _____

Certificate Program / Diploma Program / Degree Program

(Please circle one and attach a copy)

State how your program was funded:

_____ Self Supported:

_____ Roseau River Post Secondary Education

_____ Labour Management Activity

_____ Human Resources Development Canada (Employment Insurance)

_____ Student Loan

_____ Other: _____
Please Specify

E. OTHER EDUCATION INSTITUTIONS ATTENDED:

Name of Institution (1): _____

Location: _____

Program: _____ Length: _____

Start Date: _____ Completion Date: _____

Certificate Program / Diploma Program / Degree Program

(Please circle one attach a copy)

State how your program was funded:

_____ Self Supported:

_____ Roseau River Post Secondary Education

_____ Labour Management Activity

_____ Human Resources Development Canada (Employment Insurance)

_____ Student Loan

_____ Other: _____
Please Specify

Name of Institution (2): _____

Location: _____

Program: _____ Length: _____

Start Date: _____ Completion Date: _____

Certificate Program / Diploma Program / Degree Program

(Please circle one attach a copy)

State how your program was funded:

_____ Self Supported:

_____ Roseau River Post Secondary Education

_____ Labour Management Activity

_____ Human Resources Development Canada (Employment Insurance)

_____ Student Loan

_____ Other: _____
Please Specify

Completion of this part of the application is **COMPULSORY** in order to be considered for post secondary education funding.

Were you ever required to discontinue a program? _____

Name of Program: _____ Indicate year: _____

State reason for being required to discontinue:

Were you ever suspended from a program?

Name of Program: _____ Indicate year: _____

State reason for suspension:

Did you ever withdraw from a program?

Name of Program: _____ Indicate year: _____

State reason for withdrawal (requested by institution / health reasons / personal):

F. I HEREBY MAKE APPLICATION:

1. To attend _____
(name of school, college, university)

(city, province or state)

2. To enrol in _____ (course or program) _____ (Length of Program)

Full Time: _____ Part time: _____

Start date

Completion date

Tuition Cost

Book Cost

Registration form attached: Yes _____ No _____

(Provide a copy of your most recent secondary/post secondary transcript)

G. I declare that all the information in this application is complete and true. I understand that if any of the information is found to be untrue my application may be withdrawn.

Signature

Date

Parent/Guardian Signature: (If applicant is under 18 years of age)

H. Home & School Co-ordinator /Counsellor Comments or Recommendations:

Date: _____

(Home & School Co-ordinator /Counsellor Signature)

G. Authorizing Officer's Comments: _____

Date: _____

Approved: Yes _____

No _____

Signature of Authorizing Officer: _____

Distribution:

1. Parent/Guardian
2. Student
3. Home & School Co-ordinator /Counsellor
4. Administration File
5. Other File

AUTOBIOGRAPHY

Full Name: _____

Birth Date: _____

Family: Full Names and Birth Dates (own family)

Single: _____ Single Parent: _____ Married: _____ Other: _____

Schools Attended: (school and grade/course/program completed)

Subjects Most Liked: _____

Sports Interests: _____

Hobbies: _____

Medical History: _____

Employment History: _____

Personal Property: _____

Ambition: (personal goal) _____

DIRECT DEPOSIT FORM

Account Holder: _____

Name of Banking Institution: _____

Transit #: _____

Institution #: _____

Account #: _____

Type of Account (ie. Savings / Chequing): _____

**I HEREBY AUTHORIZE THE ROSEAU RIVER ANISHINAABE NATION POST
SECONDARY PROGRAM TO DIRECTLY DEPOSIT MY STUDENT ALLOWANCE
BENEFITS INTO THE ABOVE-NOTED ACCOUNT.**

Signature

Date

RELEASE FORM
(SECONDARY)

I hereby authorize that all information concerning my academics, attendance, and class registration may be released upon request to the Roseau River Anishinaabe Nation Education Post Secondary Program as a condition for education assistance sponsorship by the Roseau River Anishinaabe Nation Education.

Student Name (print): _____

Student Number: _____

Institution: _____

Program and Term: _____

Student Signature: _____

Date: _____

RELEASE FORM
(POST SECONDARY)

I hereby authorize that all information concerning my academics, attendance, and class registration may be released upon request to the Roseau River Anishinaabe Nation Education Post Secondary Program as a condition for education assistance sponsorship by the Roseau River Anishinaabe Nation Education.

Student Name (print): _____

Student Number: _____

Institution: _____

Program and Term: _____

Student Signature: _____

Date: _____

SPONSORSHIP FORM

The Roseau River Anishinaabe Nation Education Post Secondary Program will be sponsoring the following student.
(for office use only)

Student Name: _____

Institution: _____

Program and Term: _____

Student Number: _____

Authorizing Signature: _____
Job Title

Date: _____