

**Big Grassy River Education Authority**  
**Box # 453**  
**Morson, ON P0W1J0**  
**(B) 807-488-5916/ 5986**  
**(F) 807-488-5345**  
**E-Mail: [post.sec@biggrassy.ca](mailto:post.sec@biggrassy.ca)**

**Post Secondary**  
**Application forms**

### POST-SECONDARY EDUCATION & TRAINING CONTRACT

The Big Grassy River Education Authority requires all students requesting financial support for Post-Secondary Education and Training from the Authority to enter into a contract with the Authority. The purpose of the contract is to ensure that students are aware of all requirements imposed by the Authority and the consequences for non-compliance.

I \_\_\_\_\_ of \_\_\_\_\_ hereby agree to abide by the following conditions  
(name) (address)

while attending \_\_\_\_\_ and receiving financial support from the Big Grassy River Education Authority:  
(name of school)

1. attend classes regularly and punctually; (minimum of 90% attendance)
2. complete all course work;
3. submit homework/projects papers on time;
4. report absences and reasons to the college advisors and/ or the Education Authority Counsellor;
5. maintain academic marks in each course at a minimum of % 60 or no less than a "C" grading; or standard requirement of the program attending
6. provide academic/ vocational results to the Education Authority Counsellor as soon as they are made available by the institution or place of learning.

If I fail to uphold my responsibility as a committed student I recognize that funding support from the Big Grassy River Education Authority will be withdrawn and that I will not be eligible for funding for two full years from the time of withdrawal. If I owe monies to the Education Authority I will not be eligible for funding for 2 years and monies must be paid back before submitting a new application to the Education Authority for review and approval.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent  
(if student under 18)

\_\_\_\_\_  
Signature of Director/Principal

\_\_\_\_\_  
Signature of Education Counsellor

I have read and agreed to the conditions for financial assistance

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**APPLICATION FOR POST-SECONDARY FUNDING**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

- (a) Have you previously been funded by Big Grassy? Yes No  
(b) Post Secondary Institutions) previously attended and number of supported months of attendance: (list)  
• \_\_\_\_\_  
• \_\_\_\_\_  
(c) Type of Program: \_\_\_\_\_  
(d) Did you complete Program? Yes Please attach certificate(s) No What were your reasons for withdrawal  
(e) Are transcripts provided for Secondary/Post-secondary? Yes No (if yes, please attach)

**PROGRAM/COURSE SUPPORT REQUESTED FOR:**

- Regular Program \_\_\_\_\_ Length of Program \_\_\_\_\_
- UCEP - University & College Entrance \_\_\_\_\_ Length of Program \_\_\_\_\_
- Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- Start Date \_\_\_\_\_ Completion Date: \_\_\_\_\_  
(mth-day-yr) (mth-day-yr)
- Type of Program: Certificate \_\_\_\_\_  
Diploma \_\_\_\_\_  
Bachelor/Degree \_\_\_\_\_  
Masters \_\_\_\_\_  
Doctorate \_\_\_\_\_

Name of Institution \_\_\_\_\_ Address: \_\_\_\_\_  
Postal/Zip Code; \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact \_\_\_\_\_

**PLEASE PROVIDE COSTS AND INFORMATION FOR THE FOLLOWING:**

Tuition \$ \_\_\_\_\_  
Books and Supplies \$ \_\_\_\_\_  
Seasonal travel required: Yes No (2 return trips home) \$ \_\_\_\_\_  
Status: Single Married (Married includes common law) \$ \_\_\_\_\_  
Total Support Requested: \$ \_\_\_\_\_

Letter of Acceptance by the institution you are planning to attend MUST be enclosed.

Please sign and return the attached contract/waiver for release of transcripts from the institution to the Big Grassy River Education Authority.

Education Plan or Career Goals: \_\_\_\_\_

I have read and agreed to the conditions for financial assistance

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**RELEASE OF INFORMATION FORM**

STUDENT NAME: \_\_\_\_\_  
STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_  
INSTITUTION: \_\_\_\_\_  
ACADEMIC YEAR: \_\_\_\_\_  
SOCIAL INSURANCE NUMBER: \_\_\_\_\_  
HEALTH CARD IDENTIFICATION NUMBER: \_\_\_\_\_

I hereby authorize the Release of all Information to the Big Grassy River Education Authority on a Quarterly or a Semester system regarding my financial, attendance and academic progress, including my student history sheets and transcripts so that I may maintain my funding in good standing.

- Fall Quarter (Term I)
- Winter Quarter (Term II)
- Spring Quarter (Term III)
- Summer Sessions 1 & II
- Verification of Registered Courses for each session
- 1st Semester (College)
- 2nd Semester (College)

Transcripts Fees are to be invoiced to Big Grassy River Education Authority only if requested by the Big Grassy River Education Authority or the Education Counsellor for purposes of reviewing; student's academic standing and future and further sponsorship.

I hereby and give my consent to release all information upon request, on this document to the following agencies ie: Human Resources Development Offices, City/Provincial/First Nation Social Services Office, Indian Friendship Centre Employment Agencies and other relevant agencies so that I may maintain my sponsorship in good faith. I understand that wherever I may reside, the Education Authority will contact these agencies in my home province as well as the province I am living in for the duration of my funding for the school year.

I have read and agreed to the conditions for financial assistance

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

