

Post-Secondary Student Support Program
403 Anishinabe Way – Box 436
Big Grassy First Nation
Morson, Ontario P0W 1J0
(PH) 807-488-5614
(FX) 807-488-5533
(TF) 800-361-7228
(EM) postsecondarycoordinator@biggrassy.ca



POST-SECONDARY EDUCATION & TRAINING CONTRACT

The Big Grassy River First Nation requires all students requesting financial support for Post-Secondary Education and Training from the First Nation to enter into a contract. The purpose of the contract is to ensure that students are aware of all requirements imposed by the Post-Secondary Student Support Program (PSSSP) and the consequences for non-compliance.

I, (name) _____ of (address) _____
hereby agree to abide by the following conditions while attending:

(Name of Institution/Training) _____

and receiving financial support from Big Grassy River First Nation:

1. attend classes regularly and to be punctual (minimum of 90% attendance);
2. complete all course work assignments;
3. submit homework/projects and papers on time;
4. report absences and reasons why to the college advisors and/or the BG Post-Secondary Coordinator;
5. maintain academic marks in each course at a minimum of 60% or no less than a 'C' grade or standard GPA of the program attending;
6. provide academic/vocational results to the BG Post-Secondary Coordinator as soon as results 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my responsibility as a committed student, I recognize that funding support from Big Grassy River First Nation will be withdrawn and that I will not be eligible for funding for two (2) full years from the time of withdrawal. If I owe monies to the First Nation, I will not be eligible for funding for two (2) years and the monies owed must be paid back before submitting a new application to the First Nation for review and approval.

By signing this document, I have read and agreed to the conditions for financial assistance.

Dated this _____ day of _____, 20_____.

Signature of Student

Signature of Parent (if student is under 18)

Signature of Post-Secondary Coordinator

Date

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RELEASE OF INFORMATION FORM

STUDENT NAME: _____ STUDENT ID NUMBER: _____
INSTITUTION: _____ ACADEMIC YEAR: _____
HEALTH CARD INSURANCE #: _____ STATUS NUMBER: _____
SOCIAL INSURANCE # / SOCIAL SECURITY #: _____

**** All information - once disclosed – will remain confidential and will not be released to any other party (other than what is specified in this release of information form) without the student’s written consent. ****

I hereby authorize the release of all information to Big Grassy River First Nation Post-Secondary Student Support Program on a Monthly or Quarterly or a Semester system regarding my financial, attendance, and academic progress, including my student history record and/or transcripts, so that I may keep my funding in good standing.

Check all that apply:

<input type="checkbox"/> Fall Term	<input type="checkbox"/> 1 st Semester (US College/University)
<input type="checkbox"/> Winter Term	<input type="checkbox"/> 2 nd Semester (US College/University)
<input type="checkbox"/> Spring Term	
<input type="checkbox"/> Summer Term	

**** First-time sponsored students are eligible for Fall and Winter term *only*. Student must submit verification of registered courses for each term/semester (class schedule or signed course registration). ****

Transcripts fees are to be invoiced to Big Grassy River First Nation **only** if requested by the Big Grassy River First Nation or the Post-Secondary Coordinator for the purpose of reviewing the student’s current academic standing, and for future and/or further sponsorship requests.

I also hereby give my consent to release all information upon request on this document to the following agencies: *Human Resources Development Canada, Employment & Social Development Canada, City/Provincial/First Nation Social Services Offices, Indian Friendship Centre Employment Agencies, and other relevant agencies* in my home province, as well as the province that I reside in for the duration of my educational career/funding for the school year indicated.

Please sign and return that attached contract/waiver for release of transcripts from the Institution to Big Grassy First Nation.
I have read and agree to the conditions outlined for release of information.

Name (print) _____ Signature _____ Date: _____

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APPLICATION FOR POST-SECONDARY FUNDING ASSISTANCE

Name: _____ Address: _____
Town/City: _____ Prov/State: _____ Country: _____
Postal Code/Zip Code: _____ Phone/Cell: _____ Email: _____

Education Plan or Career Goals: _____

Have you been funded by Big Grassy River previously? Yes No (if No, go to Program/Course Support)

List Post-Secondary Institution(s) previously attended & number of supported months of attendance:

College/University _____ Program: _____

Were transcripts provided for? YES NO

Did you complete the program? YES (attach certificates/diplomas) NO (reasons for not completing?) _____

PROGRAM/COURSE SUPPORT REQUESTED FOR:

(For short-term training (less than 1 academic year), contact the Post-Secondary Coordinator for information)

Name of Institution: _____ Country: _____

Address: _____ City/Town: _____ Prov/St: _____ PC/Zip: _____

Program Contact Name: _____ Ph. No: _____

Regular Prog: (check all that apply) Full-time Part-time Online Distant Ed Blended

Program Length: _____ years Start date: (mm-dd-yr) _____ End date: _____ (mm-dd-yr)

Type of Program: Certificate: (1yr) _____

(print program name) Diploma: _____

Undergraduate (3yrs): _____

Bachelors (4yrs) _____

Masters - Doctorate _____

OR: UCEP – University/College Entrance _____ Program Length _____

Status: Single Married (includes common-law) Spouse employed? YES NO

*Living Allowance YES NO Dependents: NO YES (how many) _____

PLEASE PROVIDE COSTS & INFORMATION FOR THE FOLLOWING (for 1st yr only):

*Tuition \$ _____ *Books & Supplies \$ _____ (student must enter approx. tuition & books costs)

*Seasonal Travel? (2 trips home) YES NO (only applies if student must relocate for study period)

TOTAL PROGRAM SUPPORT REQUESTED: \$ _____

Letter of Acceptance from the institution MUST BE ENCLOSED.

I have read and agree to the conditions for financial assistance.

Name (print) _____ Signature _____ Date: _____

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**Big Grassy River First Nation Post-Secondary Student Support Program
Policy Handbook Acknowledgement Confirmation Form**

By signing this acknowledgement form, I have read and understand the Big Grassy First Nation Post-Secondary Handbook and hereby agree to adhere to the guidelines & conditions outlined in the Handbook.

Student Name: _____

Student Signature: _____

Date Signed: _____

Post-Secondary Coordinator
Print Name: _____

Post-Secondary Coordinator
Signature: _____

Date Received: _____

Cc Student file