



**Caldwell First Nation
Post-Secondary Student Support Program
Financial Assistance Application**

Application Deadlines

Fall Term – May 1; Winter Term – October 1; Summer Term – March 1

Date: _____

APPLICANT INFORMATION

Legal Family Name	Middle Initials	Legal Given Name
165		
Date of Birth (mm/dd/yyyy)	Band Number (7 digits)	Term & Year (Fall, Winter, Summer)

CHECKLIST

(Please ensure all supporting documentation is submitted)

- Financial Assistance Application** is fully completed, dated and signed
- Secondary school **transcript and diploma**/General Education Diploma/Academic Career Entrance Certificate
- Copy of your **Status Card** (both sides) or a letter verifying your 10-digit band number
- Direct Deposit Form** from your banking institution.
- Tentative acceptance letter** from the post-secondary institution you will be attending
- Release of Information** is fully completed, dated, and signed
- Career Action Plan** is fully completed, dated, and signed
- Student Acknowledgment** is fully completed, dated, and signed
- Estimate **Tuition & Fee** costs
- Residency Requirement form for intended program

REMINDER: Please submit your **FINAL Acceptance Letter, Official copy of course schedule and fee and tuition statement**, as soon as you receive it

Applications Addressed To:
Post-Secondary Education
etow@caldwellfirstnation.ca
14 Orange Street, Leamington ON N8H 1P5,
Canada Phone: 519-322-1766

FOR OFFICE USE ONLY

Date Received _____ Date Package Completed _____



Caldwell First Nation Post-Secondary Student Support Program Financial Assistance Application

Full Legal Name:			
CONTACT INFORMATION			
Full Address:		Cell:	
Mailing Address (if different):		Alternate:	
Email (<i>must be working email</i>):			
PERSONAL INFORMATION			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Gender Dependants: <input type="checkbox"/> Female <input type="checkbox"/> Male	Canadian Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACT			
Name		Relationship	Contact Number
<input type="checkbox"/> I hereby grant Caldwell First Nation staff permission to communicate with the person named in my emergency contact, if I am unreachable, with regards to my post-secondary application and its process.			
ACADEMIC HISTORY			
Are you a secondary graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently in Secondary School			
Started (m/yy)	Completed (m/yy)	Institution/Program/Location	Achieved (certificate, diploma, etc.)
1.			
2.			
EDUCATION PLAN			
Please complete the following for your first choice			
<input type="checkbox"/> New	<input type="checkbox"/> Continuing	<input type="checkbox"/> Re-Enroll	<input type="checkbox"/> Full-time
		<input type="checkbox"/> Part-time	<input type="checkbox"/> College
		<input type="checkbox"/> University	
Institution & Campus:		Complete address:	
Program Name:	Length of Program:	Year of Study:	Delivery:
			<input type="checkbox"/> Synchronous <input type="checkbox"/> Asynchronous
Residency Credits required:			
Course Type: <input type="checkbox"/> Certificate (1yr) <input type="checkbox"/> Diploma (1-3yrs) <input type="checkbox"/> Bachelor/Honors (3-4 yrs) <input type="checkbox"/> Masters (1-3 yrs) <input type="checkbox"/> Doctorate (4 yrs)			
Expected Graduation Date (mm/yyyy):		Estimated Tuition/Term:	
<input type="checkbox"/> I certify that all information in this document is true to the best of my knowledge			

Signature
