



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 (Month, Day, Year) Band Number (7 remaining numbers) Term & Year (Fall, Winter, Summer)

CHECKLIST
 (please ensure all supporting documents are submitted with this application)

- Financial Assistance Application** is **fully completed**, dated and signed (Original applications must be mailed or hand delivered to Caldwell First Nation Education Department)
- A copy of your secondary school **transcript and diploma**/General Education Diploma/Academic Career Entrance Certificate or prior post-secondary transcript
- Copy of your **Status Card** (front and back) or a letter from Caldwell First Nation Membership Clerk verifying your 10-digit band number
- Submit a completed **Direct Deposit Form** from your banking institution. US residents please contact the CFN Education Department)
- A copy of your 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 Contract** is fully completed, dated, and signed

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 _____



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Full Legal Name:				
CONTACT INFORMATION				
Address:			Cell:	
Mailing Address (if different):			Home:	
<i>(include apartment number, town/city/province/state, postal/zip code, country)</i>			Alternate:	
Email (must be working email):				
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 <input type="checkbox"/> Female <input type="checkbox"/> Male	Canadian Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT				
<i>Name</i>	<i>Relationship</i>		<i>Contact Number</i>	
<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 <i>(please begin with your most recent, including your secondary information)</i>				
Are you a secondary Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently in Secondary School <input type="checkbox"/> No, but achieved equivalency				
Started (m/y)	Finished (m/y)	Educational Institute/Program/Location	Program Duration	Achieved (Certificate, Diploma, Etc.)
1.				
2.				
3.				
4.				
EDUCATION PLAN <i>Please complete the following for your first choice)</i>				
<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 <input type="checkbox"/> Post-Graduate	
Institution & Campus		Complete address (town/city, province/state, postal/zip code, country)		
Telephone:		Fax:		
Length of Program:		Year of Study:	Delivery: <input type="checkbox"/> Class <input type="checkbox"/> Online <input type="checkbox"/> Combined <input type="checkbox"/> Distance	
Dates of Current Term		Start:	Finish:	
Expected Graduation Date (month/year):		Course Type: <input type="checkbox"/> College Certificate <input type="checkbox"/> College Diploma <input type="checkbox"/> Post Diploma <input type="checkbox"/> Bachelor of Arts <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Private Institute <input type="checkbox"/> Under Graduate		
<input type="checkbox"/> I certify that all information in this document are true to the best of my knowledge				



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Signature