



Training and Economic Development Department

Post-Secondary Education Student Support Funding Application

Checklist – Current/Re-enrollment

Applicants must submit missing information within **seven (7) days** of the application deadline.

CHECKLIST

- Completed Application (personal info, program info, etc.) _____
- Valid e-mail address (Not parents/guardians email address) _____
- Social Insurance Number (We will call once the application is received)
- Copy of your Lease/Campus Residence Agreement - If applicable _____
- Courses registered for following term (from institution) _____
- Most recent Transcript _____
- Employment Insurance Info (My Service Canada Account)-If applicable _____
- Cost breakdown from Institution (Cost of program/additional cost) _____

Reference **page (6)** for the **MORE INFORMATION** on checklist above.

Application Deadlines

- Fall Intake (September start date)Deadline July 4th
- Winter Intake (January start date)Deadline Nov 7th
- Spring/Summer/Intersession Intake (May start date)Deadline Feb 27th

Answer all questions & attach required documents on the APPLICATION CHECKLIST.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!!!

PLEASE KEEP A COPY OF THE COMPLETED APPLICATION FOR YOUR RECORDS

Funding is NOT guaranteed!!!!

APPLICATION SUBMISSION OPTIONS

Training and Economic Development Department (TEDD)
 Post-Secondary Support Program
 P.O. Box 10
 Conne River, NL
 A0H 1J0

Email: kstride@mfn.gov.ca

TELEPHONE: 709-882-2470

Fax: 709-882-2401

Clients CONTINUING COURSES for SPRING/SUMMER will need to submit an application BEFORE Feb 27 deadline.

IF NOT, SEND EMAIL INDICATING YOUR DECISION. Before Feb 27!!!



Training and Economic Development Department

Post-Secondary Education Student Support Funding Application

CURRENTLY RECEIVING FUNDING
All Fields Are Mandatory Please Print Clearly

FOR OFFICE USE ONLY

Date Application Received: _____ Eligible Program: _____
Received By: _____ SIN#: _____

PERSONAL INFORMATION

Date of Application (M/D/Y): _____

Full Name: _____

First Nation Status ID Number: _____ 047- _____

Parents/Guardians/Home Address

Street/P.O. Box: _____ Home Tel: _____

Town: _____ Clients Cell #: _____

Province: _____ Clients Email: _____

Postal Code: _____ Date of Birth (M/D/Y): _____

Family Status

No. of Children under age 18: _____ Age(s) of Children: _____ / _____ / _____ / _____

Marital Status: Single Married Other _____

SCHOOL ACCOMMODATIONS (Proof Required)

Apartment Own Home/Mortgage Campus Residence Living with parents/guardians

Other _____

***Please indicate if you are looking for an apartment or what your future living arrangements will be.**

SEMESTER(S) REQUEST - Please Select only ONE!!!

Fall/Winter (Sept - April)

Start date (M/D/Y) _____ / _____ / _____

End date (M/D/Y) _____ / _____ / _____

OR

Spring/Summer/Intersession (May - Aug)

Start date (M/D/Y) _____ / _____ / _____

End date (M/D/Y) _____ / _____ / _____

Student Number given by Institution (ID): _____

Name of Training Institution: _____

Campus/Institution Address: _____

Campus/Institution Phone #: _____

Course Name: _____

Attendance **Full/Part Time (Proof Required)** Semester 1: _____ Semester 2: _____

Upcoming Start Date of Program (M/D/Y): _____ / _____ / _____

Program Length: _____ Year of Study: _____ Graduation Date: _____

Will you be required to complete a thesis: Yes No Specify Date? _____

Courses I have chosen to study, if available, for the two terms are:

Semester 1

Semester 2

Work Term Requirements - My Program is: Co-Op Pre-Employment Clinicals Neither

Estimated Semesters and Dates?

Semester: _____ Start Date: _____ End Date: _____ Paid Unpaid

Semester: _____ Start Date: _____ End Date: _____ Paid Unpaid

LEVEL OF EDUCATION

Post-Sec(CAS/UCEPP) Preparation Prog

Certificate

Diploma

Undergrad/Bachelors

Masters

Doctorate

Delivery Method per Semester - Classroom, Distance Ed/Online, Blended (Classroom & Online)

Semester 1: _____ Semester 2: _____

BLENDED COURSES

If choosing blended, how many per semester are distance/online, and how many are classroom?

Semester 1: Dis/Online _____ & Class _____ Semester 2: Dis/Online _____ & Class _____

Are you continuing your education further after the completion of the current program? If so, please specify

WHATS YOUR FINANCIAL STATUS - Answer SECTION APPLICABLE TO YOU!!!

CURRENTLY RECEIVING EMPLOYMENT INSURANCE (Collecting EI) - Section A

Weekly EI Income? \$ _____

Expected Expire Date? _____

RECEIVING SOCIAL ASSISTANCE FROM ANOTHER PROGRAM - Section B

Receiving Social Assistance? Yes No

If approved through TEDD, you are required to notify your Social Assistance provider.

CURRENTLY EMPLOYED – Section C

Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Gross Weekly Income? \$ _____ Number of Hours Per Week? _____ Start Date of Position? _____ Will you maintain this position while completing your education? Yes <input type="checkbox"/> No <input type="checkbox"/> CONTINUE TO QUESTIONS on the left →	<p>*If “yes”, and info is different than noted to the left, please answer:</p> Indicate your work status? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Gross Weekly Incoming? \$ _____ Number of Hours Per Week? _____
	<p>*If “no”, answer:</p> Expected End Date? _____ Will you have enough hours to receive EI for the academic school year you are currently apply for: Yes <input type="checkbox"/> No <input type="checkbox"/> How many hours will you have? _____ When will you apply? _____

NO PRIOR EMPLOYMENT OR LOOKING FOR WORK – Section D

Will you be looking for work before you start post-secondary? Yes <input type="checkbox"/> No <input type="checkbox"/> If, “NO”, move to PAST BENEFITS (below)... If, “YES”, answer the following.... Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Is this Summer Employment? Yes <input type="checkbox"/> No <input type="checkbox"/> Expected Start Date? _____ Will you maintain this position while completing your education? Yes <input type="checkbox"/> No <input type="checkbox"/> CONTINUE TO QUESTIONS on the left →	<p>*If “yes”, and info is different than noted to the left, please answer:</p> Indicate your work status? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Gross Weekly Incoming? \$ _____ Number of Hours Per Week? _____
	<p>*If “no”, answer:</p> Expected End Date? _____ Will you have enough hours to receive EI for the academic school year you are currently apply for: Yes <input type="checkbox"/> No <input type="checkbox"/> How many hours will you have? _____ When will you apply? _____

PAST BENEFITS - Have you received Employment Ins (EI) within the past 5 years? Yes No

Clients eligible to receive Emp Ins (EI) must apply for benefits before being considered for living allowance.

REQUESTING FUNDS FOR THE FOLLOWING TERM - Proof Info from Institution

Distance/Online & Part-time status qualifies for Tuition, Books, Mandatory fees, and Required Supplies ONLY

Fall Semester Cost	Winter Semester Cost	Spring/Sum/Intersession Cost
Tuition	Tuition	Tuition
Fees	Fees	Fees
Books	Books	Books
Supplies	Supplies	Supplies
Other	Other	Other

NOTES:

- Optional Fees (i.e. Health/Dental, etc) will **NOT BE COVERED**. Deadlines are in place at all Institutions to **OPT OUT**, see your institutions student serves for more information.
- Materials/Supplies can be as noted Tools, Kits, 1 set of Nursing Gear, 1 set of PPE, Cooking Supplies, etc.
- Computers, Hardware & Software will not be covered
- Anyone who has a paid work term or working full-time will not qualify for any living or travel allowance.

Do you require Living Allowance? Yes No
 Anyone receiving EI or is eligible to receive EI must apply for those benefits before being considered for living assistance.

Do you require Travel Assistance? Yes No
 Traveling within your province, indicate kilometers from home to Institution? _____ Kilometers

Are you traveling out of your province? Yes No
 Please note that anyone leaving the island of Newfoundland is considered out of province travel.

DECLARATION- Initialing each statement states you understand your responsibility!

1. _____ Applications may be used for public documents such as Minutes, Education and Training Reports, etc. The Miawpukek First Nation (MFN) Training & Economic Development Department (TEDD) agrees to share this information with Service Canada or Indigenous Service Canada.
2. _____ I understand that all necessary documentation as referred to on the **Checklist MUST** be included for my application to be considered complete. Incomplete applications will **NOT** be considered.
3. _____ I understand that I am **NOT** to include my Social Insurance Number with this application. TEDD will contact me once the application is received.
4. _____ I will notify TEDD if any information in this application changes after submission and before the deadline of intake. **Failure to do so may result in rejection of Post-Secondary Education Support.**
5. _____ I understand that TEDD may contact me through email/MailChimp/phone call/text/messenger. My responsibility is to notify TEDD **IMMEDIATELY** if my contact information changes.
6. _____ I understand that if my living situation changes during the duration of the approved agreement, I am to notify TEDD **IMMEDIATELY**, as the funding may need to be adjusted. **Failure to do so may result in paying back all or some of the allowances received during this approved year.**
7. _____ I understand I need authorization from TEDD before I,
 - _____ Add Courses
 - _____ Drop Courses
 - _____ Withdraw from a Course or Program
 - _____ Quit
 - _____ Dismissed by the Institution
 - _____ Switch Programs
 - _____ Leave Due to Medical Reasons
 - _____ **Failure to do so may result in paying back all or some of the allowances received in this incomplete year. Documentation of either circumstance is required.**
8. _____ If approved, I will provide TEDD copies of all my transcripts as I complete each term/semester/module. **If I do not comply, my funding allowance will be withheld.**
9. _____ I understand that I am responsible for completing the application in full and follow-up with TEDD if I have not been contacted **within 14 days of sending my application.**
10. _____ I understand if my program continues through Spring/Summer I am to contact TEDD to inform them of my decision to attend or **NOT** attend. **If I do not comply, my funding will not continue for the following term.**

Signature of Applicant: _____ **Date:** _____

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Telephone: 709-882-2470
Fax: 1-709-882-2401

**YOUR APPLICATION WILL NOT BE CONSIDERED INCOMPLETE IF
THE FOLLOWING ARE NOT ATTACHED:**

- Application, leave **NOTHING** blank.
- You will be contacted for your **SOCIAL INSURANCE NUMBER**. Confidentiality is very important to us so, PLEASE DO NOT INCLUDE IT WITH THE APPLICATION.
- **LEASE or RESIDENCE AGREEMENT** if renting an apartment or in residence during your studies.
- Documentation that confirms what **COURSES** you are registered for the upcoming term. We know that you can't register ahead of time for the second term, so please write what courses you are hoping to acquire during that time.
- **MOST RECENT TRANSCRIPT** from the Educational Institution regarding your present Academic Status. On-line printouts are acceptable if they clearly display the student name, name of institution, and semester. If unable to submit your most recent transcript before the deadline date, you will need to submit it as soon as it is received.
- Copy of your latest claim information from your **"MY SERVICE CANADA ACCOUNT"** if you are or have received Employment Insurance within the last 5 years.
- **COST BREAKDOWN** of expenses from your Educational Institution is **MANDATORY**. You can obtain and print this information from your Educational Institution or from their website and include it with your application. Please ensure all additional fees are listed with cost breakdown **(tools, kits, first aid, safety gear, work term, etc.)**
 - You **MUST** include cost breakdown of semesters by date to the end of your Course of Study. All information **MUST** match the Post-Secondary Education Institution Calendar **(Dates and Cost)**.
 - You **MUST** include the actual dates of the work term, indicate if the work terms are paid or unpaid, and the tuition fee from the institution. This is page seven (7) of our funding application.