



Training and Economic Development Department Post-Secondary Education Student Support Program

Application Deadlines

Fall Intake (September start date) Deadline June 15th (5pm NL Time)
Winter Intake (January start date) Deadline Oct 20th (5pm NL Time)
Spring/Summer/Intersession Intake (May start date) Deadline Feb 8th (5pm NL Time)

Please make sure to answer all questions and attach all the necessary documents as indicated 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@mfngov.ca

TELEPHONE: 709-882-2470

Fax: 709-882-2401

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

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



Training and Economic Development Department

Post-Secondary Education Student Support Funding Application

New Applicant

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)

Copy of your Certificate of Indian Status - (Front/Back)-Unexpired

Canada Child Benefit for Dependent(s)

Medical Documents (If applicable)

High School Transcript if Recent Graduate (Unofficial is acceptable)

Previous Post-Secondary Transcripts – If completed/incomplete (Unofficial is acceptable)

Acceptance Letter & Status Indication (from Educational Institution)

Cost breakdown from Institution (Cost of program/additional cost)

Course Registration/Enrollment (if completed, attach)

Work Term Information (if applicable)

Employment Insurance Info (If currently receiving EI)

Copy of your Lease/Campus Residence Agreement (If applicable)

Void Check – Direct Deposit Info

Client Consent and Release Form

Educational Program Letter of Intent

Complete Labour Market Research (must be completed and included)



Training and Economic Development Department

New Client Post Secondary Student Support Program Application

TEDD OFFICE ONLY				Average Mark: _____
Date: _____ SIN# _____				Program: _____
Applicants Information				
Name (First, Middle, Surname):				
Date of Birth:	M	D	Y	First Nation Status #: 047-
Mailing Address:				
City:		Prov:	Postal Code:	
Email:		Cell:		
Personal Information				
Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		Canadian Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Single <input type="checkbox"/> Married <input type="checkbox"/> Other:		Number of Dependent(s)/Children(s):		
Dependents Information - If you have dependent(s)/Children(s) provide the following:				
Dependent(s)/Children(s) Full Name		Date of Birth (D,M,Y)	Age	Lives with me (Yes – No)
Attached is a copy of the Canada Child Benefit (CCB) for dependents (Required): Yes <input type="checkbox"/> No, info will follow <input type="checkbox"/>				
Any dependent(s) attend Four Winds Day Care located in Conne River: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please provide their name(s):				
Next of Kin/Parent/Legal Guardian				
Name (First, Middle, Surname):				
Email:		Phone #:		
Medical Information				
Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please specify:		
High School Education History				
Highest level of Education:		Last Year Completed:		
Required if first time applying to Post Secondary:				
Attached a copy of high school marks		Yes <input type="checkbox"/>	No, marks will follow <input type="checkbox"/>	

Complete this application for duration of this funding request!

**Check one that is applicable to you and answer
questions associated with your selection!**

Have you received TEDD Post-Secondary Funding before?

No, first time applying for funding Yes Denied Yes, but I didn't complete it.

If no, first time applying, skip to section – *Program Information for Funding Request*

If yes: Program Name:

Completion Date:

Educational Institution:

Education location:

Certificate

Diploma

Degree

Masters

Required if already attended Post-Secondary:

Attached a copy of post-secondary transcript

Yes

No, marks will follow

If denied: What's your denial date:

Reason for denial:

If yes, but didn't complete, please complete the section **BELOW.....**

Did you quit? Yes No

Was Terminated? Yes No

Placed on Academic Probation? Yes No

Could you share your steps to improve the situation and achieve success? (add extra page if necessary)

Program Information for Funding Request

Currently doing post-secondary? Yes No **If yes, year started:**

Years completed:

PLEASE CHECK BOX FOR WHICH YOU ARE REQUESTING FUNDING.

Sept – April (Fall & Winter) Sept – Dec (Fall only) Jan – April (Winter only) May – Aug (Summer only)

Based on request - start date:

End date:

Program acceptance/status indication letter included (**Required**). Yes No, Acceptance letter will follow

Did you pay for your confirmation seat? Yes No **If yes, amount:** _____

Student #:

Educational Institution:

Education location:

Institution phone #:

Name of Program:

Certificate Diploma Degree Masters

Program Length:

Current year of study:

Completion/Grad Date:

Attendance Status: Part-time Full-time

Completing a thesis? Yes No If yes, thesis start date: _____ Completion date: _____
Please note TEDD will ONLY cover 1 year of a client's Thesis!

Are you thinking about pursuing additional education after finishing this program? Yes No

If yes, please specify:

Program Information for Funding Request – Continued.....

To be eligible for living assistance, enrollment in the minimum number of in-person courses required by your educational institution to attain full-time status is mandatory, example:

*UNIV must take at least 3 in-person courses (Total=9 credit hrs) * COLL must take at least 4 in-person courses (Total=12 credit hrs)

* COLL must take at least 4 in-person courses (Total=12 credit hrs)

Complete this application for duration of this funding request!

Education Cost

- TEDD will **NOT COVER** Dental and Health offered by your educational institution. You are responsible for OPTING OUT during your first week of classes. Please follow up on deadlines.
- TEDD will **NOT COVER** Computers, Hardware and/or Software.
- TEDD will **NOT COVER** Books that are NOT required for your program. (**Unsure of book cost, allot \$500 per term**)
- TEDD will review all supplies purchased and determine eligibility for all items.
 - refund NOT guarantee, REQUIRED only, ONE (1) set of duplicate items, refund will NOT exceed approved \$

Attached is physical copy of cost breakdown I noted **below** (tuition, fees, and supplies): Yes No, info will follow

Cost	Fall	Winter	Summer	Total
Tuition				
Fees				
Supplies				
Books				
Exams				
Other				
Total Cost of Request				

COMPLETE ONLY ONE SECTION BELOW (EMPLOYMENT OR EMPLOYMENT INSURANCE)

Check one that is applicable to you and answer questions associated with your selection!

Employment Status

You **MUST** declare if currently working, will continue to work and attend school at the same time, currently on social assistance, or will be looking for work before your education begins (student or regular employment).

Are you receiving any financial support at the moment?

Yes Full-time Job Yes, Part-time Job Yes, Self-Employed

Yes, Social Assistance from another program (**if approved you will need to notify the organization of our support**)

No, will look for student/employment before school starts No, I will not look for work

Complete question below based on your answer. Will you maintain this job while in school? Yes No

If yes, Full-time Part-time Gross weekly income? _____ Number of Hours per week? _____

If no, when did you start the job? _____ When is your last day of work (Est date)? _____

What is/was your gross income? _____ Number of hours per week? _____ Number of weeks total _____

How many hours will you have worked? _____ How many hours are required to qualify for EI in your region? _____

Are you eligible for EI? Yes No If eligible, when would you apply for EI (Est date)? _____

Employment Insurance Status (Known as - EI)

You **MUST** declare if you are receiving or eligible for Employment Insurance (EI). Check with local employment services to confirm. This will be reviewed before considering you for living assistance.

Are you currently receiving Employment Insurance at the moment? Yes No No, never have

If Yes, What's your bi-weekly Employment Insurance rate? _____

What is your expected end date? _____

Complete this application for duration of this funding request!

Living and Travel Allowance Request

- Living or travel **WILL NOT** be provided to students who continue to work FULL-TIME or are on a PAID work term/school placement/etc.
- Living or travel **WILL NOT** be provided to students registered **PART-TIME/ONLINE**
- TEDD will **PROVIDE** a pre-determined living and travel allowance to students enrolled in the minimum number of in-person courses required by your institution to attain full-time status. (*Both amounts are subject to change based on EI eligibility*)
 - Living with a parent or guardian eligibility - \$379
 - Living in apartment/residence/own home with a lease/mortgage - \$1200
- TEDD **MAY** provide child support if all documents are included within this application (**Not Guaranteed**)- \$800

School Accommodations While Attending School

Apartment Own Home Campus Residence Living with Parents/guardians

Apartment Address:

Attached is the lease: Yes No, lease will follow Lease expires:

Cost	Fall	Winter	Summer	Total
Living Allowance (x4 per term)				
Travel Allowance (100x4 per term)				
Childcare (x4 per term)				
Total Cost of Request				

Number of Kilometers from home to educational institution (1-way):

Are you traveling out of province?

Bank Information for Direct Deposit

To set up funding, we need your bank details for direct deposit. Please provide your bank details, and not the bank details from a family member, to ensure the funds go directly to you.

Bank Institution:	Bank Location:
Institution Number (3 digits):	Transit/Branch Number (5 digits):
Account Number:	

Sign/Initial all Commitments Listed.

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 to be considered complete. **Only** complete applications will be accepted.
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 intake deadline. **Failure to do so may result in rejection of Post-Secondary Education Support.**
5. _____ I understand that TEDD may contact me through email/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 following up with TEDD if I have yet to be contacted **within 14 days of sending my application.**
10. _____ I understand that 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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Training and Economic Development Department

Post-Secondary Education Student Support Funding Application

CLIENT CONSENT AND RELEASE FORM

Information as indicated by Educational Institution

There are circumstances when, on short notice, it is essential for the Miawpukek First Nation Training and Economic Development Department to access/release student information related to their post-secondary funding assistance program. These situations include:

1. Access to student academic/attendance information from their post-secondary institution
2. Release of student information to Service Canada
3. Release of financial data to Employment Services Program/Social Assistance Program
4. Release of financial data related to appeal process to MFN's Chief and Council
5. Release of student information to the MFN Post-Secondary Career Practitioner

Student's Full Name:

Name of Training Institution:

Student's Cell/Phone Number:

Program Name:

Student Number given by Institution:

Start and End Date of Program:

I, (Please Print) _____

hereby authorize

(Institution/school) _____ to release information regarding my student academics/information to the MFN TEDD Staff. This document remains valid until my completion/graduation date _____.

Student Signature

Witness for Student Signature (Please Print)

Date:

Witness Signature:

Date:



Training and Economic Development Department

Post-Secondary Education Student Support Funding Application

EDUCATIONAL PROGRAM LETTER OF INTENT

Please indicate what your educational goals are:

Certificate - Less than one year

Diploma - Two years minimum

Associate Degree - Usually two years

Undergraduate/Bachelor's Degree - Approximately four to five years

Master's degree – Additional one to three years after completing the Undergraduate/Bachelor's

Doctorate Degree - Additional one to three years after completing the Master's

My name is _____ and the program I intend to study is _____
at the (campus name and location) _____

Currently I am at year/term (Ex: 1st yr or 2nd yr): _____ with an expected graduation date of _____.

The educational goals that I have set for myself for this upcoming year(s) are: (ex: Excel in Classes, attend all classes, ask questions, complete homework, be on time, complete my certificate/diploma/masters)

The personal goals that I have set for myself for this upcoming year(s) are: (ex: Take care of yourself, make new friends, don't be afraid to reach out for help, explore, not to be easily influenced by others)

What is your overall goal once you have completed your program?

Labour Market Research

Newfoundland and Labrador Post-Secondary Offerings List

<https://www.gov.nl.ca/education/publications/post-secondary-education/>

Job Research On-line Resources

- Government of Canada Job Bank website - www.jobbank.gc.ca/home
- Job Search - www.indeed.com
- Human Resource Secretariat: Online Job Portal - www.hiring.gov.nl.ca/Jobs.aspx/Public

What did you learn about your ideal job from the research you conducted?

What are the typical responsibilities and tasks involved?

What is the average salary for your ideal job? _____

What challenges or obstacles do you expect to face in pursuing this specific career?

What strengths and areas for improvement do you see in yourself regarding your chosen field of study and future employment? _____

What are the employment opportunities for this occupation in the area where you prefer to live?

(Are there many job openings? Are there specific companies or industries that are hiring for this role? How competitive is the job market in that region?)

Are you willing/able to move to find work if necessary? _____

Labour Market Interview

Interview someone in your ideal Job! (ADD EXTRA PAPER IF YOU NEED TOO!)

Before enrolling in school, it's beneficial to interview someone who works in a similar job as part of your labor market research. This provides firsthand insights into the job's demands and requirements, helping you make an informed decision about your career path. Please use some of these questions as a guide to start the conversation.

- Describe your job, i.e. duties, responsibilities, typical workday.
- What are the regular working hours or shift work?
- What are the major rewards and/or drawbacks of this occupation?
- How did you get into this field of work?
- What are the educational, training and license requirements for this occupation?
- What other preparation, if any, is needed for this occupation?
- Would I have to relocate to find work?
- Is there anything else that you think I should be aware of before I consider this occupation?

Who did you interview, Name: _____ Job Title: _____

What did you learn? _____

Interview someone currently enrolled in the same or similar program, has completed the program, or your institution's student advisor (guidance counsellor/career practitioner/etc.)!

This firsthand perspective can present helpful insights into the program's strengths and weaknesses, helping you make an informed decision about your educational journey. Write your answers here.

Who did you interview, Name: _____ Job Title: _____

What did you learn? _____