



Training and Economic Development Department

Post-Secondary Education Student Support Funding Application

Current/Re-enrollment

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)

Canada Child Benefit for Dependent(s)

Medical Documents (If applicable)

Most recent Transcripts (Currently enrolled)

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)

Updated Lease/Campus Residence Agreement (If renting)

Void Check – Direct Deposit Info

Application Deadlines

Fall Intake (September start date) Deadline July 4th (5pm NL Time)
Winter Intake (January start date) Deadline Nov 7th (5pm NL Time)
Spring/Summer/Intersession Intake (May start date) Deadline Feb 27th (5pm NL Time)

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@mfngov.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 AN EMAIL INDICATING YOUR DECISION. Before Feb 27!!!



Training and Economic Development Department

Re-Enrollment 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): _____	
Dependents Information - If you have dependent(s)/Children(s) provide the following:				
Dependent(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"/>		Please specify: _____		
Post-Secondary Information and Transcript				
Academic Status: <input type="checkbox"/> Good Standing <input type="checkbox"/> Academic Warning <input type="checkbox"/> Academic Probation Overall Average: _____				
Did you pass all your previous term courses? If not, do you need to redo them? Please explain: Note what you failed and passed				
How did you feel about your previous term or year?				
Share your thoughts on how you will continue or improve the situation and achieve success? (add extra page if necessary)				
Attached is a copy of the post-secondary transcript (Required): Yes <input type="checkbox"/> No, transcript will follow <input type="checkbox"/>				

Complete this application for duration of this funding request!

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:

Student #: _____ | Educational Institution: _____

Education location: _____ Telephone #: _____

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, th**

Please note TEDD will ONLY cover 1 year of a client's Thesis!

Do you plan to seek additional education after finishing this program? Yes No

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

If yes, please specify:

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)

What is your registration date: _____ If already registered, please send course enrollment

Work/School Placement Information

Fill out if relevant to your program

Based on request are you completing a **Work Term, Clinical, Sea time, Tech Session, Co-Op, Pre-Employment, etc.**

Start Date:	End Date:	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>
Location of Work:	Proof included: Yes <input type="checkbox"/> No, info to follow <input type="checkbox"/>	

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?

<input type="checkbox"/> Yes Full-time Job	<input type="checkbox"/> Yes, Part-time Job	<input type="checkbox"/> Yes, Self-Employed
<input type="checkbox"/> Yes, Social Assistance from another program (if approved you will need to notify the organization of our support)		
<input type="checkbox"/> No, will look for student/employment before school starts	<input type="checkbox"/> 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? _____

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? _____

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 – Provide an updated lease as proof of the rental agreement.

Same as previous application New apartment Own Home Campus Residence Living with Parent/guardian

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?

Labour Market

Did you submit your labour market when you first applied to our program? Yes No

Now that you've completed several terms, do you feel like you're on the right track? Yes No Unsure

Explain your answer:

If no, please contact the office to receive your Labour Market Research Forms and submit it with this application.

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.

Has your Banking Information changed since you applied? Yes (please provide new info) No

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 that I am to provide an **updated lease as proof of the rental agreement.**
8. _____ 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.**
9. _____ 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.**
10. _____ 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.**
11. _____ 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.**
12. _____ I understand that the Indigenous Labour Market Information (ILMI) Clerk from MFN will contact me to complete a **required survey**. This survey aims to gather information on all MFN members' skills (formal/traditional), training needs, employment experiences, and educational profiles.

Signature of Applicant: _____ Date: _____

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