



MOOSE CREE EDUCATION AUTHORITY
P.O. Box 780 - 25 Pedabun Road
Moose Factory, Ontario
P0L 1W0
Tel: (705) 658-4726 Fax: (705) 658-4657
Toll-Free 1-800-461-8229

UPDATED: April 1, 2015

STUDENT EDUCATION APPLICATION PACKAGE

Applicants who require sponsorship and students who have completed a program of study and who require sponsorship at another level must apply for educational assistance by the following deadline dates:

May 1st for programs beginning in September
November 1st for programs beginning in January

All applications for sponsorship must include the following by the specified deadline dates with the exception of iii) a letter of acceptance from the institution where the student plans to attend which will be the only document accepted after the deadline dates:

UNLESS OTHERWISE NOTED PLEASE SEND ORIGINALS ONLY

- i) A written request indicating career and academic goals
- ii) Transcripts/documents of previous education
- iii) A letter of acceptance from the institution where the student plans to attend
- iv) At least one (1) letter of reference from employer or professional
- v) Post Secondary Application Form (completed and signed)
- vi) Consent for Release of Information Form and Student Agreement Form (completed and signed)
- vii) Optional Specific Information Disclosure Form
- viii) Copy of Indian Status Card
- ix) Copy of Drivers License (if applicable)

Contact the Student Services Officer or Coordinator of Student Services, if you need assistance in completing the application package.

Once the Selection Review Committee has met to review the applications you will be advised in writing of their decision.

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Application Form for Educational Assistance

PERSONAL INFORMATION

Surname:	Given Name:	Initial:
Band Number:	Social Insurance Number:	
Permanent Address:	Last School Attended:	
	Last Year Attended:	
Home Telephone #:	High School Graduation Year:	
E-mail:	Emergency Contact Name:	
D.O.B. (dd/mm/yy): / /	Emergency Contact Telephone #:	
Martial Status: <input type="checkbox"/> <i>Single</i> <input type="checkbox"/> <i>Single Parent</i> <input type="checkbox"/> <i>Married/Common Law</i> <input type="checkbox"/> <i>Other (specify):</i>		
Spouse's Name:		
Spouse's Employment Status: <input type="checkbox"/> <i>Employed (Full)</i> <input type="checkbox"/> <i>Employed (Part)</i> <input type="checkbox"/> <i>Student</i> <input type="checkbox"/> <i>Unemployed</i> <input type="checkbox"/> <i>Unemployed with Benefits</i>		

Number of Dependents

Name	Relationship	Date of Birth

Please attach copies of your dependent's birth certificate(s).

☐ Attached

Reason for not being available: _____

Attach additional paper if needed

Child care required?

yes ☐

no ☐

EDUCATION PLAN

Do you consider yourself to be a person with a disability/medical condition? YES/NO; if so, please specify and include professional documentation from the following Professionals such as Educational Psychologists, Medical Doctors.

Educational Institute:

Applicant's academic year:

☐ Full Time ☐ Part Time

Expected Starting Date: _____/_____/_____

Expected Completion Date: _____/_____/_____

Program of Study: _____

Length of Program: _____ years

I hereby certify that the above information given on this form is true, exact, and complete. I hereby authorize the Moose Cree Education Authority and authorized persons to check if information given in this form is accurate. I understand that any false information given in this form or omission may lead to action against me and/or to automatic rejection or dismissal from the program. The Moose Cree Education Authority reserves the right to take appropriate action in the event of false, inaccurate statements made in the form or of any relevant documentation.

Applicant's Signature _____

Date _____



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CONSENT FOR RELEASE OF INFORMATION

(Applicant's Surname)

(Given Name)

(Initial)

(Spouse's Surname)

(Given Name)

(Initial)

**I/ We declare my/our full consent to Moose Cree Education Authority
requesting verbal or written information to confirm and verify:**

1. My / Our statement of income from my/our employer, governmental and private sources of income, information that is critical in assessing my level of eligibility for educational assistance;
2. Information on my academic standing in my program of studies as may be required by the Authority from time to time, such as official transcripts from the educational institution in which I am currently enrolled for the academic year ____ / ____.

Educational Institution & Applicant's Student Number

Signature of Student

Date

Signature of Spouse

Date

Please note other side for Student Agreement Form



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STUDENT AGREEMENT FORM

I, _____, as a post secondary student sponsored by the
Moose Cree Education Authority, agree:

- 1) To ensure that all times I am enrolled in sufficient courses to be considered a full-time student at the institution I am attending.
- 2) That if I withdraw from my program of study/course of study *without authorization from the Moose Cree Education Authority, I understand and accept the penalty of forfeiting any further application for sponsorship for one full academic year.* Further that I will be required to pay back any monies which I received or any monies paid on my behalf, while not in school. Failure to pay back any monies owing will result in no further sponsorship.
- 3) To demonstrate respect and consideration for all people, private and public property, as well as maintaining and respecting the law at all times and to take full responsibility for my own actions.
- 4) To be diligent in my studies by attending classes on a regular basis and completing all assignments and other course requirements as required by each course of study.
- 5) To contact the Moose Cree Education Authority Post Secondary Student Services Officer, for appropriate counselling, when I encounter academic and/or social difficulties that is adversely affecting my academic performance.
- 6) To use all allowances which I am eligible for, exclusive to the uses as outlined in the Post Secondary policy.
- 7) That the Moose Cree Education Authority reserves the right to suspend and/ or terminate educational assistance if I demonstrate a lack of ability or unwillingness to meet the academic, social, or financial responsibilities.
- 8) That if I refuse to abide by this agreement the Moose Cree Education Authority reserves the right to terminate sponsorship.

I understand and agree with the above conditions.

Signature of Student

Date

Please note on the next page for Optional Specific Information Disclosure Form



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OPTIONAL SPECIFIC INFORMATION DISCLOSURE FORM

As an option to students, the Moose Cree Education Authority would like to share specific information with business and / or organizations for the purpose of potential employment opportunities and data research.

Specific information includes: name and contact information (including email address); and field and year of study.

This consent will continue for one (1) year post graduation date unless otherwise specified.

I, _____ (print name), authorize Moose Cree Education Authority to release my specific information. I understand that it will be used and shared solely for the purposes of possible employment opportunities and for Moose Cree Human Resource data collection. I am free to withdraw my consent at any time.

Signature of Student

Date

FOR OFFICE USE ONLY**ADDRESS WHILE AT SCHOOL**

Address: _____

Telephone: _____

CATEGORY OF APPLICANTCATEGORY OF APPLICANT: ☐ ONE ☐ TWO ☐ THREE ☐ FOUR ☐ FIVE ☐ SIX**PROGRAM LEVEL**

- ☐ Level One: College ☐ Level Two: University Undergraduate
☐ Level Three: Graduate Studies ☐ Level Four: Doctoral

REQUIRED DOCUMENTATION FOR PROCESSING APPLICATION

1. WRITTEN EXPLANATION OF GOALS		5. COPY OF COMPLETED POST SECONDARY FORM	
2. DOCUMENTS OF PREVIOUS EDUCATION		6. STUDENT AGREEMENT FORM / CONSENT FOR RELEASE OF INFORMATION FORM	
3. LETTER OF ACCEPTANCE FROM INSTITUTION		7. PHOTOCOPY OF INDIAN STATUS CARD	
4. LETTER OF REFERENCE FROM A PREVIOUS EMPLOYER OR PROFESSIONAL		8. COPY OF DRIVERS LICENSE (IF APPLICABLE)	

SPONSORSHIP COSTS

ALLOWANCE/BUDGET YEAR	FISCAL YEAR ____/____	FISCAL YEAR ____/____
Tuition		
Books		
Student Program Costs		
Tutoring		
Living Allowance		
Child Care		
Seasonal Travel		
Moving Allowance		
Daily Travel		
Total		
Student Months		

- ☐ Fall/Winter Full-Time ☐ Fall/Winter Part-Time ☐ Intercession ☐ Summer
☐ Recommended ☐ Recommended with Condition ☐ Not Recommended

COMPLETED BY _____

Student Services Officer

Date

AUTHORIZED BY _____

Coordinator of Student Services

Date