



2024/2025 ERFN Advanced Education Funding Application Checklist

In order for your application to be considered complete, you must have all of the following items submitted by the deadline(s):

- By **May 30, 2024**
 - **A completed ERFN Advanced Education Application form.**

- By **June 30, 2024**
 - **Official High School transcripts.** For current Grade 12 students, initial transcripts do not have to be official, but arrangements to order official Grade 12 transcripts should be made by the student from the Ministry of Education, records office. Once available, a copy of the official transcript has to be received by the AESSP office via email before the start date of the Post Secondary program.
 - **Past Post-secondary Institute transcripts** (where applicable).
 - **A minimum of two letters of reference from former teachers and/or employers.**
 - **Letter of acceptance from Institute.**

Please note that any application that does not include all of the above and not submitted by the deadline dates above will not be considered a complete package and will not be considered for funding review.

The deadline to submit your ERFN PSSSP Application form for programs beginning in the 2024/2025 Academic Year is **May 30, 2024.**

Completed applications must be **emailed** to:

erfn.post.sec@gmail.com

Attention: Kristina Duffee

ERFN AESSP Counselor



A. Basic

First Name: _____ Middle Initial: _____ Last Name: _____

Gender Male Female Date of Birth: (YYYY/MM/DD) _____

Status Number: _____

Permanent Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Contact Information

Email Address: _____

Cell Phone: _____ Home Phone: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Employment Information

Are you currently Employed?: Yes No

If Yes: Part-Time Full-Time

Source of Income: _____ Amount per year: _____

Have you received Unemployment Insurance (EI)?: Yes No

Study Information

Study Address: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____



B. Previous Education

Have you completed High School? Grade 12 (24 Credits) Adult 12 GED

If No, Check One: GED 12 Mature Student Status with no GED 12

High School Attended:

City/Town:

Province:

Postal Code:

Dates Attended: From: (MM/YY)

To: (MM/YY)

Diploma Received: Yes No If no, Highest Grade Completed:

University/ College or Technical Institution Information

Institution Name:

City/Town:

Province:

Postal Code:

Dates Attended: From: (MM/YY)

To: (MM/YY)

Completed: Yes No

If Completed, Degree/Diploma/Certificate Obtained:

Institution Name:

City/Town:

Province:

Postal Code:

Dates Attended: From: (MM/YY)

To: (MM/YY)

Completed: Yes No

If Completed, Degree/Diploma/Certificate Obtained:



C. Marital/Family

Marital Status:

Spouse Information

Name of Spouse:

Status Number of Spouse:

Member of which First Nation:

Employment Status of Spouse:

If Spouse is Employed, where:

Address:

City/Town:

Province:

Postal Code:

Annual Income:

If Spouse is Unemployed, Source of Income:

Dependants Information

Full Name:

Date of Birth: (YYYY/MM/DD)

Full Name:

Date of Birth: (YYYY/MM/DD)

Full Name:

Date of Birth: (YYYY/MM/DD)

Are they currently residing with you? Yes No

Do you and your spouse receive any income for their support? Yes No
(Child Tax Benefits, Child Support, Maintenance, Trust Fund):

If yes, amount per month:



D. Assistance Requested

Have you been accepted to a post-secondary institution? Yes Unknown currently

Institution Name:

Program/Faculty/College:

Location of Post-Secondary Institute

City/Town:

Province:

Postal Code:

Major Specialization:

Length of Program:

Program: Coop Study Regular

Attendance: Full Time Part Time

Expected Completion Date (YYYY/MM/DD):

Practicum: Yes No

If yes, when, and how long:

Assistance Requested: Living Allowance Only
 Tuition Only
 Books Only
 All the Above



D. Assistance Requested (continue)

Explain your reasons for assistance requested:

Assistance for this academic year to commence: (MM/YY to MM/YY)

To

Are you applying for a student loan: Yes No

E. Career Plan

What is your career plan?

What resources have you checked regarding your career path?



E. Career Plan (continue)

What factors influenced your decision to attend post-secondary education?

What are your long-term goals related to post-secondary education?

F. Mandatory

Complete if you have previously accessed post-secondary education funding from any source particularly the ERFN Post-secondary Program. For example, ISETS, Provincial Training Allowance??

What sources of funding have you previously accessed for post-secondary education?

For what education or training program?

How long were you funded for?

Were you successful in completed the requirements of the course? Yes No

What steps have you taken to ensure your successful completion of this training/education?



G. Authorization

I, _____, authorize the English River Advance Education Program
(Print Name Please)

Counsellor to access information concerning my academic records at the institution I am attending.

I accept responsibility for satisfying the academic requirements of the institution and managing the education assistance funds to the best of my ability.

I will complete a student monitoring report/progress report/cumulative record signed by an authorized program/academic advisor at the institution of study and will forward a copy to the English River Post-Secondary Program before the term ends.

I will submit a copy of final marks at the end of each term and a declaration of full-time attendance each month.

Signature:

Date Signed:
(YYYY/MM/DD)