

#### 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 <u>May 30, 2024</u>
  - A completed ERFN Advanced Education Application form.
- By <u>June 30, 2024</u>
  - 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: <u>erfn.post.sec@gmail.com</u> <u>Attention: Kristina Duffee</u> ERFN AESSP Counselor



A. Basic			
First Name:	Middle Initial:	Last I	Name:
Gender 🗌 Male	Female	Date of Birth:	(YYYY/MM/DD)
Status Number:			
Permanent Address:			
City/Town:	Provi	nce:	Postal Code:
	Contact In	formation	
Email Address:			
Cell Phone: Home Phone:			
Mailing Address:			
City/Town:	Provi	nce:	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:	Provi	nce:	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)		YY)		
Completed: Yes No				
If Completed, Degree/Diploma/Certificate Obtained:				



C. Marital/Family	Y
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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	e of Income:			
	Dependants Inform	ation		
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	n you? 🗌 Yes	No		
Do you and your spouse receive (Child Tax Benefits, Child Support, Maintenance,	-	ir support?	/es 🗌 No	
If yes, amount per month:				



D. Assistance Reque	ested					
Have you been accepte institution?	d to a post-s	secondary	/	] Yes		Unknown currently
Institution Name:						
Program/Faculty/College:						
Location of Post-Secon	dary Institut	е				
City/Town:		Provir	nce:	P	ostal C	Code:
Major Specialization:						
Length of Program:						
Program:	Coop Stu	dy	Regular			
Attendance: Full Time Part Time						
Expected Completion Date (YYYY/MM/DD):						
Practicum:	Yes		No			
If yes, when, and how long:						
Assistance Requested:		Living Al	lowance Or	nly		
		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)	То
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

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

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



### G. Authorization

I, \_\_\_\_\_, authorize the English River Advance Education Program

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)



# Consent to Release Information on the Indian Registry System

Name:	
Registration Number:	
Date of Birth:	
Email:	
Address:	
•	System information you would like
	registered to English River First Nation.
Who are we to release this inform	nation to:
Kristina Duffee, ERFN AESSP Cou	Inselor
Signature(s)	 Date

