



## **2026 Winter ERFN Advanced Education Funding Application Checklist**

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

**By October 30<sup>th</sup> 2025**

- **A completed ERFN Advanced Education Application form.**
- **Official High School transcripts.** Initial transcripts do not have to be the Grade 12, but arrangements to mail Grade 12 transcripts to Advanced Education Student Service office should be made by student with Ministry of Education, records office.
- **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 the 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 the Winter 2026 Semester is **OCTOBER 30<sup>th</sup>**.** Completed applications can be **emailed** to:

**Stacie Misponas**  
**[erfn.postsec@erfn.net](mailto:erfn.postsec@erfn.net)**



## **A. Basic Student Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ They/Them Birthday (YYYY/MM/DD): \_\_\_\_\_

Treaty Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Study Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No

If yes, circle one:          Part-time          Full time

Income source and amount per year: \_\_\_\_\_

Are You Receiving E.I.?: Yes    No



## **B. Previous High School Education**

Have you completed High School? If yes, circle one:

**Completed Grade 12  
(24 Credits)**

**Adult 12**

**ABE 12**

**Currently in HS but  
Graduating in 2026**

If **no**, circle one:

**GED 12**

**Mature Student Status with no GED 12**

High School attended: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Dates attended:

From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

Diploma received? Check one: ☐ Yes ☐ No Highest Grade completed: \_\_\_\_\_

### **B-1) Previous Post-Secondary Education:**

University College or Technical Institute: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Dates attended:

From (month/year) \_\_\_\_\_

To (month/year) \_\_\_\_\_

Completed: Yes No

If completed: Degree, Diploma, or Certificate obtained: (please write below)

\_\_\_\_\_

University College or Technical Institute: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Dates attended:

From (month/year) \_\_\_\_\_

To (month/year) \_\_\_\_\_

Completed: Yes No

If completed: Degree, Diploma, or Certificate obtained: (please write below)



### **C. Marital/Family Information**

Marital Status: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Treaty Number of spouse: \_\_\_\_\_

Member of which First Nation: \_\_\_\_\_

Employment status of spouse: \_\_\_\_\_

If spouse is employed, where: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Annual income: \_\_\_\_\_

If spouse is unemployed, source of income: \_\_\_\_\_

### **DEPENDANTS**

Name:	Date of Birth:

Are they currently residing with you? ☐Yes ☐No

Do you and/or your spouse receive any income for their support? (*child tax benefits, child support, maintenance, trust fund*): ☐Yes ☐No

If yes, amount per month: \_\_\_\_\_



**D. Assistance Requested:**

Have you been accepted to a post-secondary institution? ☐Yes ☐Unknown at this time

**Institution (College/University):** \_\_\_\_\_

**Program/Faculty/College:** \_\_\_\_\_

Location of Post Secondary Institute:

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

Major Specialization: \_\_\_\_\_

Length of Program: \_\_\_\_\_

Program: ☐Coop Study ☐Regular

Attendance: ☐Full Time ☐Part Time

Expected Completion Date: \_\_\_\_\_

Practicum: ☐Yes ☐No

If yes, when and how long: \_\_\_\_\_

Assistance requested: ☐Living Allowance Only

☐Tuition Only

☐Books Only

☐All of the Above



Explain your reasons for assistance requested:

(if extra space is needed, please utilize the back page)

Assistance for this academic year to commence (MM/YYYY to MM/YYYY): \_\_\_\_\_

Are you applying for a student loan in case you do not receiving funding? ☐Yes ☐No

### **E. Career Plan**

What is your career plan? Please explain below:

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What tools or resources have you used to explore your career path? Please explain below:

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

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

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**F. MANDATORY:**

**Complete if you HAVE previously accessed ERFN Post-Secondary Education Funding in the past, or if you have accessed other funding (i.e., student loans, national Indian brotherhood, etc.,) and for how many years?**

Please explain below:

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For what education/training program? (Previous Post-Secondary Education)

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How long were you funded for?

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Were you successful in completing the requirements of the course? ☐ Yes ☐ No

Completion Date: \_\_\_\_\_

If No, what steps have you taken to ensure you will be successful this time or what steps will you take to ensure you will be successful this time? Please explain below

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I, \_\_\_\_\_, authorize the English River Advanced Education Program Counselor 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.

I accept responsibility all documents sent to me by the post-secondary advisor, and I will abide by the Oath of Confidentiality and Student Agreement contract.

Date signed: \_\_\_\_\_