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APPENDIX C

APPLICATION FOR EDUCATION SPONSORSHIP

Please select level of education and type of support needed below. **Applying for:** Upgrading Certificate Diploma Undergraduate studies Graduate studies Type of Funding needed: Tuition Books Living Allowance PERSONAL INFORMATION: Full Name: ______ S.I.N.#: ____/____ Address: Phone #: () Cell: (____)____ Email: Date of Birth: _____ Treaty Number: ____ Marital Status: Single Currently residing: On-Reserve Off-Reserve Married/Common-Law Dependents: Yes / No → If YES: Age of Child(ren): _____, ____, ____, ____, Employment Status: Part-time Full-time Unemployed Supervisor: Employer: Address: Phone Number: Email: _____



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EDUCATION INFORMATION:

Completed Grade 12 OR GED: Yes / No	
→ IF YES:	
Name of High School:	Year Graduated:
Post-Secondary Student Information: Ne	w Student: Existing Student:
Name of Program (i.e. Business Admin):	
Length of Program:	Expected Graduation Date:
Cost of Program:	Cost of Books:
Accepted into Program: Yes / No	Registered at School: Yes / No
Name of Post-Secondary Institution:	
Address:	
Phone #:	Fax #:
Name of Academic Counselor, Contact P	Person OR Department:
Contact Number:	Email:
Funding Source OR Funding Agency:	
If you are an Existing Student, will you b	e returning next semester? YesNo
→If YES:	
Name of Institution:Same as above	Other (please specify):
Signature of Applicant:	Date:



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FORT MCKAY FIRST NATION POST-SECONDARY STUDENT SUPPORT PROGRAM STATEMENT OF INTENT:

Student Name:	Institution:		
Program:	Program Length:		
Why have you selected th	is program?		
-			
What are your future goal	s and job prospects?		
	9		
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	read and understood the cond ost-Secondary Education Han	itions contained in the Fort Modbook and will abide by it.	:Kay First
Student Signature		Date	



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PROGAM OF STUDY PLAN:

Instructions: Use the template to create an academic plan that begins with the end in mind. Please consult your institution's current Credit Calendar to read about your Program of Study requirements and use the table below that summarizes Sponsorship Limits to create an academic plan that is compliant with time limits. Please meet with an academic advisor at your institution for support with creating your plan and to learn more about course offerings at your school. Update your plan at the end of each semester or as circumstances change and submit it electronically to the Post-Secondary Coordinator

Level or Study	Sponsorship Limit	
Upgrading	10 months	
Certificate	10 months	
Diploma	20 months	
Undergraduate Degree: 3-year and 4-year	30 months, 40 months	
After Degree: 3-year, 2-year	30 months, 20 months	
Graduate Degree: Masters	30 months	
Doctorate: PhD	48 months	



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COURSE	COURSE	CREDITS	FINAL
CODE	TITLE		MARK
Year 1, Te	rm I (Septen	nber – Decen	nber)
Year 1, Ter	rm II (Janua	ary – April)	
	32		
Year 1, Te	rm III (May	– June)	
_			
Year 1, Te	rm IV (July	- August)	

COURSE	COURSE	CREDITS	FINAL		
CODE	TITLE		MARK		
Year 2, Term I (September – December)					
Year 2, Te	rm II (Janu:	ary – April)			
= 1 =					
2 = = =					
	= = = =				
Voor 2 To	rm III (May	(_ June)			
1 car 2, 1 c	im iii (iviay				
Year 2, Te	rm IV (July	- August)			



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COURSE	COURSE	CREDITS	FINAL			
CODE	TITLE		MARK			
Year 3, Te	Year 3, Term I (September – December)					
7.450						
Year 3, Te	rm II (Janu:	ary – April)				
= 5						
	n					
8						
Voor 3 To	rm III (May	(Tune)				
1 ear 3, 1 e	IIII III (May					
			-			
X7 2 DD	TV/ /T	A 11011111				
Year 3, Te	rm IV (July	- August)				
*						

COURSE	COURSE	CREDITS	FINAL		
CODE	TITLE		MARK		
Year 4, Term I (September – December)					
		,			
Year 4, Te	rm II (Janu:	ary – April)			
Year 4. Te	 rm III (May	– June)			
	=	,			
Year 4, Te	rm IV (July	– August)			



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FORT MCKAY FIRST NATION POST-SECONDARY STUDENT SUPPORT PROGRAM STUDENT FUNDING CONTRACT:

This contract is between the Fort McKay First Nation and the undersigned student for the purpose of acquiring education sponsorship in order to pursue an education at a post-secondary institution.

I have read the Post-Secondary Handbook. I understand its content and intent and, therefore, I agree that:

- 1. I will complete and sign the application form and return it to the Fort McKay First Nation Education Department along with all necessary supporting documents. I understand that any incomplete documents will be declined for funding and returned to me for clarification.
- 2. I understand that my application will be assessed according to the criteria set out in the funding policy.
- 3. Should I fail to earn credits or not complete the course(s) that I have enrolled in for reasons other than a medical release or compassionate reasons, my funding may be terminated. In addition, I will pay back any money that the Fort McKay First Nation has paid for these courses.
- 4. Until all transcripts of sponsored courses have been provided to the Education Department and arrangements to outstanding debts are paid to the Fort McKay First Nation Education Department, I understand that I will not be eligible for further funding.
- 5. I will immediately inform Fort McKay First Nation Post-Secondary Coordinator of any changes to my contact information, and any other information that may impact my funding such as changes to course(s) or program of studies, student status (full-time or part-time), claimed number of dependents, employment status, and change of address.

I have read and understand the policies and proce	dures for educational funding of the Fort
McKay First Nation and I agree to all of the abov	re conditions.
Student Signature	Date



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SUPPORTING DOCUMENTS:

following documents:
Acceptance Letter
Class Schedule
Transcripts
Child Tax Benefit if claiming dependents
Direct Deposit Information
Institution's Consent form to release student information to FMFN
Please email or fax the completed application and supporting documents to:

FMFN Education Department education@fortmckay.com / **Phone:** (780) 828-2429 / **Fax:** (780) 828-4680