



**Deadline for funding application is  
May 31, 2024**

F O R T W I L L I A M F I R S T N A T I O N

**POST SECONDARY APPLICATION - SCHOOL YEAR 2024/2025  
(September 1, 2024 – August 31, 2025)**

**REQUIRED DOCUMENTATION – CHECK LIST**

(Please make sure all information is included with your application)

- Education/Career plan – 200-500 word essay (*new students/students entering a new program*)
- Final Acceptance Letter (*new students*)\* ; OR  
Proof of re-enrollment (*returning students*) \*
- Direct Deposit information, please check one only:
  - current information already on file with FWFN (*do not need to resubmit*)
  - new banking information (*must submit an original copy with original signature and band number written on it or have it faxed directly from your banking institution – no scanned copy or photo copy will be accepted*)
- Declaration and Release of information form
- Copy of transcript (*returning to post-secondary or student with prior Post-Secondary education; high school transcript not needed*)
- Proof that spouse is unemployed (*only students claiming this*)
- Documents for dependents under 18 (*students with dependent children*)
- Affidavit (*only for students with common-law partner*)

**\*IMPORTANT: Funding Application deadline is [May 31, 2024](#). The Final Acceptance/Proof of re-enrollment document deadline is [August 4, 2024](#).**

*Failure to supply this document by the dates stated will result in your funding being revoked and redistributed.*

Students are applying for funding for the whole year – this includes spring and summer programming. If it is not noted on the application, it will not be considered.

**UPDATED CONTACT INFO FOR THIS SCHOOL YEAR:**

[Myra@fwfn.com](mailto:Myra@fwfn.com) OR [PostSecondary@fwfn.com](mailto:PostSecondary@fwfn.com)



**Deadline for funding application is  
May 31, 2024**

F O R T W I L L I A M F I R S T N A T I O N

Dear Student:

Fort William First Nation (FWFN) is proud to have you continue in your education. There are some requirements you must meet to be considered for sponsorship by FWFN.

- You must be a recognized Band Member of FWFN.
- You must fill out an Internal Application Package (FORM A - Application; FORM B – Declaration; FORM C – Release of Information; if applicable FORM D – Affidavit). These documents must be completed each year and must be in the education office before the deadline date.
- **Full time Students are not eligible for full time employment with Fort William First Nation** (or Vis versa).
- First year students must submit an acceptance letter from your college or university. Returning students must provide proof of re-enrollment. All students must submit tuition cost and other related school costs. Any amounts over this amount may not be covered by the Education Department. It is your responsibility to bring a sponsorship letter from FWFN to your registrar. If you wish us to fax or email this letter out, please supply us with a fax number or email address and a contact person.
- Transcripts must be handed in 2 times a year (January and the end of the school year). You must check in before the 15<sup>th</sup> of each month. Check in can be done by telephone, or by email. Failure to do so *will result in a stoop to your funding*. If a transcript is not submitted *funding will be suspended* for a period of 2 years *as well as repayment* must be made for all expenses paid on your behalf (tuition, books, living assistance and travel).
- Providing any false or misleading information will result in disciplinary actions, which is not limited to suspension and repayment of all funds paid to you, or on your behalf.
- When you graduate from a program, you must supply the Education Department with a copy of your diploma/degree/certificate.
- You must complete the program you are enrolled in; you cannot transfer from program-to-program.
- You **must sign out of optional health fees** that are offered by your college/university. This is done at the College or University itself. Failure to opt out will result in you being responsible for that portion of your tuition.
- It is important that you keep your address, email and phone number current. This will help to keep communication lines open. We consider this a temporary address. We do not update your address with other FWFN departments.
- If a student drops out of a Post-Secondary Program (without a written medical reason from their doctor), funding will be suspended for a period of 2 years and *repayment* must be made for all expenses paid on your behalf (tuition, books, living assistance and travel).
- If you drop out of your program, you must formally withdraw from College/University, and notify FWFN Education Department. You must provide proof of attendance up to date of dropping out.
- You must maintain passing grades in all courses. If you are experiencing difficulties in one or more classes, you must contact the Education Department of FWFN.
- We must operate within a budget. For that reason, *we are not able to fund everyone* who wishes to attend post secondary institutions. Students are informed by the end of June of the committee's decision, and the next steps in securing funding.

**DEADLINE FOR APPLICATION IS MAY 31, 2024**

FILL IN INFORMATION COMPLETELY & PRINT APPLICATION

**How to submit application:**

1. Fax to Myra Bannon or Education Assistant (807) 623-5190; OR
2. Scan and email to [Myra@fwfn.com](mailto:Myra@fwfn.com), or PostSecondary@fwfn.com; OR
3. Bring in to the receptionist at the FWFN Office.

I have read and understood the information provided on this page.

Name (Please print clearly): \_\_\_\_\_

Signature

Date

Student Number

**FORM A PAGE 1 OF 3**

**STUDENT IDENTIFIER**

<b>New student (High School Graduate or Mature Student)</b> <input type="checkbox"/>	<b>Have you ever received post-secondary funding?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Continuing (In current program)</b> <input type="checkbox"/>	<b>Have you ever received Employment &amp; Training funding?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Returning (in new program)</b> <input type="checkbox"/>	<b>Are you, or will you be, receiving any other government funding to assist with your education?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Band Number 1870</b> _____	<b>Date of Birth: (month/day/year)</b> _____ / _____ / _____

**STUDENT INFORMATION**

Last Name:	First Name:	Middle Name:	
Maiden Name (Name at birth):			
Social Insurance #:	Male <input type="checkbox"/>	Female <input type="checkbox"/> Other <input type="checkbox"/>	
Phone: (H) _____ (cell) _____	Email ( <b>mandatory</b> ):		
Address:	City:	Province:	Postal Code:

**EDUCATION PLAN**

When my course is finished I will have one of the following: College Certificate <input type="checkbox"/> College Diploma <input type="checkbox"/> University: B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> PHD <input type="checkbox"/> No Qualification <input type="checkbox"/>		
Program/Course (e.g. General Arts/Nursing etc.):	Institution (name of College/University):	Location (city/campus):
Distant Education (online): Yes <input type="checkbox"/> No <input type="checkbox"/>	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Length of your Program eg. Police Foundations is a 2 yr program (please circle): 1 <sup>yr</sup> 2 <sup>yr</sup> 3 <sup>yr</sup> 4 <sup>yr</sup> 5 <sup>yr</sup>	I will be entering into my (please circle): 1 <sup>yr</sup> 2 <sup>yr</sup> 3 <sup>yr</sup> 4 <sup>yr</sup>	Date of Anticipated Graduation: ____ / ____ / ____ Month Day Year
Training Dates – This School Year Only: (What day do you start classes/end? For this school year) Start date ____ / ____ / <b>2024</b> End Date ____ / ____ / <b>2025</b> Month Day Year Month Day Year		
<b>Students are applying for funding for the whole year – this includes spring and summer programming. If it is not noted on the application, it will not be considered.</b>		

**PROFILE**

I am Single (No children) <input type="checkbox"/>	I am Married/Common Law with unemployed* Spouse <input type="checkbox"/>	
I am a Single Parent <input type="checkbox"/>	I am Married/Common Law with employed Spouse <input type="checkbox"/>	
(Spouse/Partner's) Last Name:	(Spouse/Partner's) First Name:	(Spouse/Partner's) Middle Name:

**FORM A PAGE 2 OF 3**

**PROFILE CONTINUED**

FWFN can only support legal dependent of the applicant.  
Please attach copy of identification of all eligible children – and custody papers.

**DEPENDENT INFORMATION**

Dependents Name (under 18 years of age):	Dependents Date of Birth:	Dependents Band Number (if applicable)
1.		
2.		
3.		
4.		
5.		

**ACADEMIC HISTORY**

High School Diploma Yes <input type="checkbox"/> No <input type="checkbox"/> What year? _____	G.E.D. Yes <input type="checkbox"/> No <input type="checkbox"/> What year? _____
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Complete the information below starting with the last college you attended (*please supply copies of diplomas*):

Institution	Program	Dates Attended M/D/Y		Program Completed
			To	
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Have you ever been suspended from receiving financial assistance from FWFN Education Yes  No   
If suspended, what date was your suspension lifted \_\_\_\_\_\*

**Sponsorship will be limited to these MAXIMUM\* amounts for each Fiscal Year all in Canadian Dollars:**

- Tuition: \$8,000.00\*
- Books and Supplies: \$1,200.00 (Required book list & original receipts must be provided)
- 8 months of Living Assistance per fiscal year.
- Travel (full time students only): *travel support is restricted to the Canadian post-secondary institution nearest to the student's place of residence which offers a comparable program. Travel money is based on the most economic means of travel. Eligible students may receive up to 2 return trips (to school, Christmas return trip, and return at end of school year)*

Maximum years of funding for students' entire Post-Secondary Career as follows: 2 years Diploma; 4 years BA or University Graduate Program; 6 years Masters or Doctorate. {Add one year if a Preparation course is taken example: Pre-health, or Native Access}

(\*any amounts over the maximum will be the responsibility of the student)

**EDUCATION/CAREER PLAN ESSAY – POST-SECONDARY FUNDING APPLICATION**

**(Please use a separate sheet and include with your application)**

*Must be completed by New Applicants or Students entering a new program.*

*If you are continuing on in the same program, you do not have to submit an essay.*

**GUIDELINES FOR ESSAY**

ESSAY MUST BE 200-500 WORDS

Funding decisions are based on information you supply in your application and essay. It is in your best interest to demonstrate that you have examined your options and are making an informed decision.

Include information on the following questions, and any additional information you think is important. This is your opportunity to let the Education Committee know all relevant information about you and your educational career.

Applications and essays are presented to the committee without prospective student's names or identifiers. This will ensure all students are considered for funding equally. Any information that will assist the Education Committee understanding your goals should be included in the essay.

- 
1. Why did you apply for this program?
  2. If you are entering a pre-course (e.g. pre-health, pre-tech) what course do you hope to enter in the next school year?
  3. What are the job opportunities and salaries in your prospective career?
  4. What support networks do you have in place to help you reach your academic goal?
  5. What budget you have in place to ensure you will be able to succeed? Are you aware of the expenses you will encounter during your academic career?
  6. Future plans after graduating from current post-secondary program.
  7. Are you anticipating any further educational goals, after completing this program?
  8. Have you done any work/volunteered in the career you are interested in studying?
  9. Have you investigated the cost of attending a Post-Secondary Institution? Do you have adequate funding to complete this program?
  10. If you had prior funding, elaborate on why Fort William First Nation should invest in your education. What has changed since the last time you were funded?
-

FORM B PAGE 1 OF 1

DECLARATION

Funding for Post-Secondary Education is limited. Not everyone who applies for funding will receive it.

Fort William First Nation has adopted the policy of "Upward Mobility". What this means is a student must move their education careers forward to be considered for funding. Students are permitted to take one pre-course (such as: pre-health; pre-tech; college access; university access; etc.). After completing this, they must choose a field and progress upward in their education.

I understand and agree to not take this sponsorship for granted. The following are conditions for sponsorship by Fort William First Nation Education Department. All information will be held in confidence and without prejudice.

- To attend classes regularly and consistently, to be punctual, and prepared for classes.
- To consult with the Education Department at FWFN should any academic difficulties occur.
- To check in every month between the 1<sup>st</sup> and 15<sup>th</sup> with the Education Department through a phone call or by email. Failure to check in by the 15<sup>th</sup> will result in living assistance payment delay of 2 weeks of actual check in day. Providing any false or misleading information at check-in's will result in disciplinary actions, which is not limited to suspension and repayment of funds.
- To adhere to college/university regulations and meet the grade requirements set forth by the college/university.
- It is the student's responsibility to opt out of health and dental fees. FWFN does not cover this cost. FWFN may cancel optional health/dental fees "when possible".
- I will supply the Education Department with my transcript 2 times a year (January and the end of the school year). Failure to do so will result in funding being ceased. If a transcript is not produced within 30 days, funding will be suspended for a period of 2 years and repayment must be made for all expenses paid directly to you or on your behalf.
- To notify the Education Department if I withdraw from college/university or if I am no longer attending classes.
- To meet or exceed the minimum grade requirements of Fort William First Nation (2.0 or C average) and understand that if I do not meet these requirements, my funding will be cancelled without notice.
- I will supply the Education Department with a copy of my diploma/degree/certificate when I graduate.
- To submit a completed application form before the deadline date (last Friday in May) for each school year I wish to attend.
- I understand that I can not switch programs without discussing this with the Education Department.
- I will immediately declare all Grants, monetary awards and/or other monies awarded to me in order that any necessary adjustments can be made with respect to financial assistance provided by Fort William First Nation Education Department.

I understand that failure to meet any one of these requirements may result in all funding being ceased immediately and I may incur a 2 year suspension from receiving any education funding from Fort William First Nation, in addition I will be required to repay Fort William First Nation for any or all moneys received by me, or paid on my behalf, for my education. I authorize Fort William First Nation to deduct from any payment made payable to me, a minimum of 10%, to be applied to any current debts I incurred within Fort William First Nation.

By agreeing to these terms and conditions, I agree to respect the faith Fort William First Nation has in my ability to succeed.

ALL THE INFORMATION PROVIDED BY ME ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO THE CONDITIONS AS OUTLINED ABOVE, AND IN THIS APPLICATION. I UNDERSTAND ALL INFORMATION IS SUBJECT TO VERIFICATION.

\_\_\_\_\_  
(Student Name. Please Print)

\_\_\_\_\_ 2024  
(Date)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_ 2024  
(Date)

**RELEASE OF INFORMATION AUTHORIZATION**

The Freedom of Information and Protection of Privacy Act (FIPPA) indicates that the College/University cannot disclose personal information to third parties, including family members, without the approval of the student. The purpose of this form is to grant such approval to the third party.

\_\_\_\_\_

Name of your Post-Secondary Institution

PLEASE PRINT

I, \_\_\_\_\_ (student name)  
 give permission to release information pertaining to my application, academic records, confirmation of enrollment and information regarding my progress as requested to the following:

List the Name/Organization this information can be released to:

FORT WILLIAM FIRST NATION Education Department

This authorization is valid until consent is withdrawn.

STUDENT SIGNATURE:

Date:

STUDENT ID #:

*This form is collected in accordance with sections 21, 39 and 43 of Freedom of Information and Protection of Privacy Act and under the legal authorization of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulations 34/03, and used for educational, administrative and statistical purposes of Fort William First Nation and/or Ministries and agencies of the Government of Ontario and the Government of Canada. Administrative purposes may include the disclosure to obtain information about the above-mentioned student's enrollment in the college/university drug plan, transcript, health plan and/or dental plan it offers. Fort William First Nation may publish the names of students who graduate and/or achieve academic excellence. Should you have any questions concerning your personal information, please contact Myra Bannon or Education Assistant at (807) 623-9543 extension 225, 205 respectively.*

**AFFIDAVIT**  
*(Complete only if claiming common-law status)*

IN THE MATTER OF (your name): \_\_\_\_\_

AND (common-law partner name): \_\_\_\_\_  
(Attach Identification with address e.g. drivers license)

IN THE MATTER OF: I provide my consent, as may be required, to allow Fort William First Nation to request and release information about myself to government and other relevant agencies in order to determine my partner's eligibility to receive Educational Assistance.

I, \_\_\_\_\_, of the City of \_\_\_\_\_ in the District of \_\_\_\_\_  
(Common-law partners name)

hereby make oath and say as follows:

1. That I have been living in a common-law relationship with \_\_\_\_\_ since \_\_\_\_\_ 20 \_\_\_\_\_.  
(Student's name)

2. That there is/are a child/children from our union, namely \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, of whom we are the natural parents.

\_\_\_\_\_ APPLICANT

*Signatures*

\_\_\_\_\_ SPOUSE

Witnessed before me:

at the City of \_\_\_\_\_

in the District of \_\_\_\_\_

this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
*Signature of Witness (must not be a relative)*

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Address*

**Protection of privacy**

The information on this form is collected under the authority of the Fort William First Nation. The Education Department uses relevant personal information on this form to administer Post-Secondary Assistance payments for the purposes of determining eligibility, verifying the application and calculating entitlements. The personal information may be disclosed to employees of the university/college, other departments within Fort William First Nation, the federal government, and ministries of the Ontario government for the purpose of notification and verification of the application of any award. If you have any questions about the collection, use, and disclosure of this information please contact the Education Department of Fort William First Nation, 90 Anemki Drive, Suite 200, Fort William First Nation. (807) 623-9543, extension 225





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F O R T W I L L I A M F I R S T N A T I O N

**Dear Student:**

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6. Bring in to the receptionist at the FWFN Office.

I have read and understood the information provided on this page.

Name *(Please print clearly)*: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date  
*(Confidential When Completed)*

\_\_\_\_\_  
Student Number