



FWFN Education Department - Post Secondary Program

90 Anemki Drive, Suite 200 - Fort William First Nation, ON - P7J1L3

Contact: Brittany Anness - Phone: 807.623.9543 ext. 205 - Email: BrittanyAnness@fwfn.com

**Deadline for Applications
Friday May 30, 2025**

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 2025/2026

(September 1, 2025– August 31, 2026)

REQUIRED DOCUMENTATION – CHECK LIST:

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

- Internal Application Package (FORM A – Application; FORM B – Declaration and Release of Information)
- 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
 - 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 photocopy 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 needed for students claiming this*)
- Documents for dependents under 18 (*students with dependent children*)
- Affidavit (FORM C – *only for students with common-law partner*)

***IMPORTANT:**

Funding Application deadline is **May 30, 2025.
The Final Acceptance/Proof of re-enrollment document deadline is **August 8, 2025**.**

Failure to supply these documents 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.

How to submit application:

Scan and email to BrittanyAnness@fwfn.com OR bring in to the receptionist at the FWFN Office

PLEASE MAKE SURE YOU RECEIVE A CONFIRMATION EMAIL THAT YOUR FUNDING APPLICATION WAS RECEIVED

FORM A – PAGE 1 OF 2		STUDENT INFORMATION	
Full Name:		Registry Number (status card): 1870 _____	
Date of Birth: ____ / ____ / ____ (Month / Day / Year)		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Home Phone #:		Email (<i>mandatory</i>):	
Cell Phone:			
Address:	City:	Province:	Postal Code:

OFFICE USE ONLY			
Student Status: <input type="checkbox"/> New student (High School Graduate or Mature Student): <input type="checkbox"/> Continuing (In current program) <input type="checkbox"/> Returning (in new program)	Priority Level (check one): 1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Application Status: <input type="checkbox"/> Approved (pre-approved) <input type="checkbox"/> Needs to be reviewed by Education Committee <input type="checkbox"/> Not Approved	Notes:



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FORM A – PAGE 2 OF 2		STUDENT INFORMATION CONTINUED	
Marital Information		Dependent Information (under 18 years of age) FWFN can only support legal dependent of the applicant. Please attach copy of identification of all eligible children – and custody papers.	
Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law	Dependents Full Name:	Dependents Date of Birth:	Dependents Band Number (if applicable):
	1.		
Is your spouse/partner employed (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	2.		
	3.		
Spouse/Partner's Full Name:	4.		
	5.		

POST SECONDARY EDUCATION PLAN		
Program or Course Name:	Institution:	Campus Location (city):
Attendance: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Sessions applying for: <input type="checkbox"/> Fall term (September to December) <input type="checkbox"/> Winter term (January to April) <input type="checkbox"/> Spring/summer term (May to August)	Delivery Method: <input type="checkbox"/> On-Campus <input type="checkbox"/> Distance Ed (Online) <input type="checkbox"/> Modular
Length of your Program (years):	Year of study you are entering:	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 ____/____/ 2025 End Date ____/____/ 2026 <small>Month Day Year Month Day Year</small>		
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.		
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"/>		

ACADEMIC HISTORY				
High School Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>		G.E.D. Yes <input type="checkbox"/> No <input type="checkbox"/>		
What year? _____		What year? _____		
All Post-Secondary Schools Attended (please supply copies of diplomas):				
Name of School	Program	Dates Attended M/D/Y		Degrees/Diplomas/ Completed/In Progress
			To	
			To	
Have you ever received post-secondary funding? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever been suspended from receiving financial assistance from FWFN Education Yes <input type="checkbox"/> No <input type="checkbox"/> If suspended, what date was your suspension lifted _____				
Have you ever received Employment & Training funding? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you, or will you be, receiving any other government funding to assist with your education? Yes <input type="checkbox"/> No <input type="checkbox"/>				



EDUCATION/CAREER PLAN ESSAY

(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 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 questions to the right, 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 in 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 do 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. What are your future plans after graduating from the 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've received prior funding, elaborate on why Fort William First Nation should invest in your education. What has changed since the last time you were funded?

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

- Tuition: \$8,000.00*
- Books and Supplies: \$1,000.00 (Required book list & original receipts must be provided)
- 8 months of Living Assistance per fiscal year.
- Travel (full time students only): Covers the nearest Canadian post-secondary institution offering a comparable program, based on the most economical travel option. Eligible students may receive up to two return trips (to school, Christmas return trip, and end of the academic year).
- Maximum Funding Duration:
 - Diploma: 2-3 years
 - Undergraduate Degree: 4 years
 - Master's/Doctorate: 6 years
 - Preparation Course (e.g., Pre-Health, Native Access): +1 year

** Any amounts exceeding these limits are the student's responsibility **



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FORM B – PAGE 1 OF 1

DECLARATION AND RELEASE OF INFORMATION

Funding for post-secondary education is limited, and not all applicants will receive funding.

Fort William First Nation follows an “**Upward Mobility**” policy, meaning students must progress in their education. They may take one preparatory course (e.g., pre-health, pre-tech, college/university access) before selecting a field and advancing.

By accepting sponsorship, I agree to the following terms and conditions:

- **Eligibility:** Must be a recognized Fort William First Nation (FWFN) Band Member.
- **Employment Restriction:** Full-time students cannot hold full-time employment with FWFN (and vis versa).
- **Communication:** Keep contact information (address, email, phone) up to date. This information is for education purposes only and will not be updated across other FWFN departments.
- **Enrollment Proof:** First-year students must submit an acceptance letter; Returning students must provide proof of re-enrollment.
- **Tuition Costs:** Must submit approximate tuition costs to the Education Department. Any costs exceeding approved amounts may not be covered. A sponsorship letter must be presented to the registrar at the post-secondary institution. FWFN can send the sponsorship letter via email – please provide a contact email for us to do so.
- **Program Commitment:** Students must complete their chosen program and may not switch programs without consulting the Education Department.
- **Academic Responsibilities:** Attend classes regularly, be punctual, and follow college/university regulations; Maintain passing grades. If struggling, notify the FWFN Education Department; Submit transcripts at the end of each term. Failure to do so within 30 days will result in funding suspension for two years and require repayment of all expenses paid on the student’s behalf; Provide a copy of diploma/degree/certificate upon graduation.
- **Check-ins & Compliance:** Check in monthly between the 1st and 15th via phone or email. Failure to check in will delay living assistance payments by two weeks. Providing false or misleading information may lead to disciplinary actions, including suspension and repayment of funds.
- **Health & Dental Fees:** Students must opt out of all fees that are not mandatory, as they are not covered by FWFN.
- **Application Deadline:** Submit a completed post-secondary funding application by the last Friday in May for each academic year.
- **Grants & Awards:** Declare all monetary awards received for transparency purposes only. No adjustments will be made to students allowances.
- **Funding Availability:** Sponsorship is budget-dependent, and not all applicants will receive funding. Decisions will be communicated by the end of June.
- **Withdrawal & Repayment:** If withdrawing from a program, notify FWFN and formally withdraw from the post-secondary institution. Students who drop out without a medical exemption will have funding suspended for two years and must repay tuition, books, living assistance, and travel costs. Proof of attendance until the withdrawal date is required.

CONSEQUENCES OF NON-COMPLIANCE: Failure to meet these conditions may result in immediate termination of funding, a two-year suspension from future sponsorship, and repayment of all funds received. FWFN may deduct 15% from any payments payable to me to recover outstanding debts.

By signing this agreement, I acknowledge FWFN’s faith in my ability to succeed and affirm that all information I provide is accurate.

_____ **Student Name (Print)**

_____ **Signature**

_____ **Date**

RELEASE OF INFORMATION AUTHORIZATION

Under the Freedom of Information and Protection of Privacy Act (FIPPA), colleges and universities cannot disclose personal information to third parties, including family members, without student consent. A separate release naming who we can share information with must be provided.

FOR STUDENTS RECEIVING FWFN FUNDING:

As a condition of funding, you must consent to the exchange of personal, financial, and academic information with affiliated education, government, and financial representatives.

I, (Print Name) _____, authorize the Registrar (or designate) and Student Services Department of (Institution Name) _____ to release the following information to the Fort William First Nation Education Department:

- Personal Information: Name, student number, mailing address, phone number, email
- Financial Information: Payment records, non-payment records, fraudulent payment records
- Academic Information: Course schedules, grades, attendance, enrollment confirmation, academic progress

This authorization remains valid until consent is withdrawn.

Student ID #: _____ **Student Signature:** _____ **Date:** _____

This form is collected under sections 21, 39, and 43 of FIPPA and the legal authority 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. Information may be used for educational, administrative, and statistical purposes by Fort William First Nation, the Government of Ontario, and the Government of Canada. Administrative purposes may include enrollment verification in college/university; drug, health, and dental plans; transcript requests; or publishing names of graduates and students with academic excellence. For questions regarding your personal information, contact Myra Bannon or the Education Assistant at (807) 623-9543, extensions 225 or 205.



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FORM C – PAGE 1 OF 1

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. driver's 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 the 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 _____, hereby make oath and say as follows:
(Common-law partners name)

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, named _____, _____, _____, _____, 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 Fort William First Nation. The Education Department uses relevant personal information on this form to administer Post-Secondary Assistance payments for the purpose 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