



**POST SECONDARY APPLICATION - SCHOOL YEAR 2026/2027**

**(September 1, 2026– August 31, 2027)**

**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 29, 2026**.**  
**The Final Acceptance/Proof of re-enrollment document deadline is **August 7, 2026**.**

*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 [ShyraBannon@fwfn.com](mailto:ShyraBannon@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**

<b>Full Name:</b>		<b>Registry Number (status card):</b> 1870 _____	
<b>Date of Birth:</b> ____ / ____ / ____ (Month / Day / Year)		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Home Phone #:</b>		<b>Email (mandatory):</b>	
<b>Cell Phone:</b>			
<b>Address:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>

**OFFICE USE ONLY**

<b>Student Status:</b> <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)	<b>Priority Level (check one):</b> <b>1 2 3 4 5 6</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Application Status:</b> <input type="checkbox"/> Approved (pre-approved) <input type="checkbox"/> Needs to be reviewed by Education Committee <input type="checkbox"/> Not Approved	<b>Notes:</b>
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FORM A – PAGE 2 OF 2		STUDENT INFORMATION CONTINUED		
<b>Marital Information</b>		<b>Dependent Information (under 18 years of age)</b> FWFN can only support legal dependent of the applicant. Please attach copy of identification of all eligible children – and custody papers.		
<b>Marital Status (check one):</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law  <b>Is your spouse/partner employed (check one):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Spouse/Partner's Full Name:</b>	<b>Dependents Full Name:</b>	<b>Dependents Date of Birth:</b>	<b>Dependents Band Number (if applicable):</b>	
	1.			
	2.			
	3.			
	4.			
	5.			

POST SECONDARY EDUCATION PLAN			
Program or Course Name:		Institution:	Campus Location (city):
<b>Attendance:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time	<b>Sessions applying for:</b> <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)	<b>Delivery Method:</b> <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	
<b>Training Dates – This School Year Only:</b> (What day do you start classes/end? For this school year) Start date ____/____/2026 End Date ____/____/2027 <small>Month Day Year Month Day Year</small>			
<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>			
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: \$8,000.00CDN per fiscal year at College or University (undergraduate programs); \$15,000.00CDN per fiscal year for Master's Programs; \$20,000.00CDN per fiscal year for Law school & Medical School to become a doctor
- Books and Supplies: \$1,400.00CDN (full time students only) – Required book list & original receipts must be provided
- 8 months of Living Assistance per fiscal year (full time students only)
- Travel (full time students only): Students are not eligible to a travel allowance if the program is offered in their immediate living area. 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 \**





**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 205.