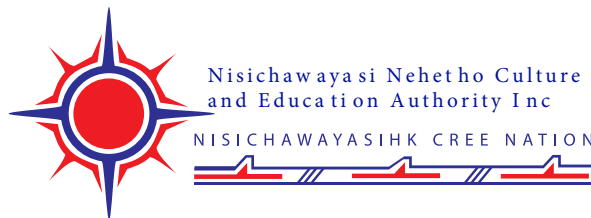


Form 1 Cover Page



Post-secondary Sponsorship Application Package

Post-secondary Education Program

(PLEASE PRINT CLEARLY)

Last Name _____

First name: _____

(PLEASE INDICATE HOW YOUR APPLICATION IS SUBMITTED):

Fax _____

Number of pages (including cover) _____

Attention: Post-secondary Counsellor

NNCEA Fax: 1-204-484-2257

Phone number where faxing from (_____) _____

Before faxing, call toll free 1-204-484-2095 to confirm someone is available to receive the fax and ensure confidentiality of the application. For mailing or in-person delivery requirements, please refer to the Sponsorship Funding Guidebook for Post-secondary Students.

Email _____

Attention: Post-secondary Counsellors Ingrid Gosselin (North):
ingridg@nncea.ca Craig Linklater (South): craigl@nncea.ca

Mail or In Person _____

Attention: Post-secondary Counsellors NNCEA, Alice Moore
Education Centre
2 Otetiskiwin Drive, PO BOX 402
Nelson House, MB R0B 1A0

Ensure all application forms are COMPLETED and included.



This post-secondary sponsorship application package contains FOUR (4) FORMS, WHICH MUST ALL BE FULLY COMPLETED AND SUBMITTED ALONG WITH SEVEN (7) OTHER DOCUMENTS LISTED BELOW to the Post-secondary Counsellor NO LATER THAN MIDNIGHT APRIL 30TH each year before the Committee will consider your application for APPROVAL.

PLEASE CHECK (v) THE APPROPRIATE BOXES BELOW to indicate that the listed information is included in the package being submitted.

Attach this completed form to the top of your application package, keep a copy of this page for your records, and submit all fully completed forms and requested documents.

- Form 1: Application Package Cover Sheet [this page] (one page)
- Form 2: Post-secondary Student Application for Funding Sponsorship (two pages)
- Form 3: Post-secondary Student Sponsorship Performance Agreement (one page)
- Form 4: Post-secondary Student Career Goals and Objectives Submission (one or more pages)

OTHER REQUIRED DOCUMENTS INCLUDED

- Acceptance Letter from accredited Canadian public post-secondary institution I wish to attend
- Official Transcript of most recent marks; either from Grade 12, a university, college or other accredited institution
- Program outline, including courses to be taken in each year of study from the university, college or other institution I'll attend
- A photocopy of your Status Card with the expiry date
- A photocopy of your Manitoba Health Card
- A brief family history (See more detail on P. 11 of Sponsorship Program Guidebook)
- A brief résumé showing your education and work history. (See more detail on P. 11 of Sponsorship Program Guidebook.)

For questions or more information please contact:

Nisichawayasi Nehetho Culture
and Education Authority Inc.
2 Otetiskiwin Drive
Nelson House, MB R0B 1A0

Tel 1-866-233-6432 (Toll Free)
Tel: 1-204-484-2095
Fax: 1-204-484-2257
Website: www.nhea.info

Post-secondary Sponsorship Application

- **MUST BE FULLY COMPLETED BY ALL APPLICANTS REQUESTING SPONSORSHIP**
- **MUST BE RECEIVED BY THE EDUCATION AUTHORITY NO LATER THAN NOON, APRIL 30 EACH YEAR**
- **YOUR SPONSORSHIP APPLICATION WILL ONLY BE CONSIDERED FOR APPROVAL IF YOU PROVIDE ALL INFORMATION REQUESTED IN THIS APPLICATION FORM.**

(PLEASE PRINT CLEARLY AND CHECK (✓) THE APPROPRIATE BOXES BELOW)

I have worked a full time job in the last 6 months
 Yes No

Status No. (10 digits) _____
BAND NO. FAMILY NO. POSITION NO

I live: On Reserve Off Reserve

Name Shown on Status Card:

Last Name _____ Given Name _____ Middle Name _____

Social Insurance No. _____ Date of Birth: _____ (Year/Month/Day)

Current Mailing Address: _____
APT. NO. HOUSE NO. STREET/AVENUE

CITY/TOWN PROVINCE POSTAL CODE

Phone: () _____ Cell: () _____ E-Mail: _____

Next of Kin/Emergency Contact: _____
NAME RELATIONSHIP TO APPLICANT

Address: _____
APT. NO. HOUSE NO. STREET/AVENUE

CITY/TOWN PROVINCE POSTAL CODE

Phone: () _____ Cell: () _____ E-Mail: _____

Marital Status: Single Married Separated Divorced Common Law

If Married/Common Law, is your partner:

Living with you for at least 6 months? Yes No Employed? Yes No In school full time? Yes No

FULL NAME OF SPOUSE (If Married or Common Law)

Last Name _____ Given Name _____ Date of Birth: _____ (Year/Month/Day)

LEGAL DEPENDENT(S): Person(s) under 18 living with and completely financially dependant on applicant.

Number of Legal Dependants Living in Household _____

This information must be provided if you are a "first time" applicant or if you have had changes to any dependent information you provided earlier. Do not complete this portion if you have had no changes in information provided by you earlier.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Post-secondary Sponsorship Application



ACADEMIC PROGRAM INFORMATION

Year you graduated High school: _____ High school Name: _____

University/College/Institution: _____

Degree/Certificate/Diploma Sought: _____ Expected Year of Graduation: _____

Session Applied For: _____ EG. FALL & WINTER Session Start Date: _____ YEAR/MONTH/DAY Session End Date: _____ YEAR/MONTH/DAY

PLEASE CHECK (✓) ONLY ONE (1) APPLICABLE BOX BELOW:

- I will be graduating from Grade 12 this June, am a new sponsorship applicant and will be entering Year 1 of my program
- I graduated high school earlier, am a new applicant entering Year 1 of my program
- I have completed all program requirements in my (circle correct year) 1st 2nd 3rd 4th 5th year of post-secondary study
- I have NOT completed my previous program, but INSTEAD, I am applying for Year 1 of a new program of studies
- I have completed my program and am now applying for Year 1 of a new program of studies.

I have been previously funded for _____ years. Those years were: _____

Are you receiving funding from any other source/agency? Yes No

Funding amount: _____ Source(s): _____

Before signing and submitting this document, please make certain you have included and checked off all the required documents and information set out in Form 1 of this application package.

I, CERTIFY THE INFORMATION PROVIDED IS CORRECT.

Applicant's Signature: _____ Date: _____

NOTE: Banking information will be required AFTER formal approval is granted. Your cheques will be electronically deposited into your account, bi-weekly, after the information is received.

For questions or more information please contact:

Nisichawayasi Nehetho
Culture and Education
Authority Inc.
2 Otetiskiwin Drive
Nelson House, MB R0B 1A0

Tel 1-866-233-6432 (Toll Free)
Tel: 1-204-484-2095
Fax: 1-204-484-2257
Website: www.nhea.info

Form 3

Post-secondary Sponsorship Performance Agreement

- **MUST BE FULLY COMPLETED BY ALL APPLICANTS REQUESTING SPONSORSHIP**
- **MUST BE RECEIVED BY THE EDUCATION AUTHORITY NO LATER THAN NOON, APRIL 30 EACH YEAR**
- **YOUR SPONSORSHIP APPLICATION WILL ONLY BE CONSIDERED FOR APPROVAL IF YOU PROVIDE ALL INFORMATION REQUESTED IN THIS APPLICATION FORM**
- **TO BE SUBMITTED EACH YEAR WITH THE STUDENT'S APPLICATION FOR FUNDING.**

The Nisichawayasi Netho Culture and Education Authority Inc. (NNCEA) Board Policy 609 requires all students who receive final approval for post-secondary funding to enter into a Performance Sponsorship Agreement with the Education Authority. The Agreement below sets out the terms and conditions required of all sponsored students who receive funding.

I, _____ AGREE THAT, while I am receiving financial sponsorship from the NNCEA, I will:
NAME

1. Fill in ROI (release of information) form from your Post-secondary Institution
 2. Carry a full course load as determined by the institution and by Post Secondary Counsellor
 3. Complete monthly Student Report
 4. Maintain monthly contact with Post-Secondary Counsellor via email or visit
 5. Complete and submit required course work on time
 6. Meet the academic standards of the institution and maintain marks above or equivalent to a 2.0 grade point average
 7. Complete my program of studies in the time period specified by my educational institution or Post Secondary Counsellor. (NNCEA is not responsible for funding an extension of a student's program of studies.)
 8. Consult with and obtain approvals from the instructor/advisor and the NNCEA post-secondary counsellor BEFORE withdrawing from courses or changing courses and programs. (I understand that failure to consult and obtain these approvals may jeopardize my future sponsorship funding and could make me liable for any costs associated with unauthorized changes to courses and/or programs. It is also my responsibility to ensure course/program changes take place before deadlines set by the institution.)
 9. It is your responsibility to ensure course/program changes take place before deadlines set by the institution
 10. Report absences that exceed two days to the NNCEA Post-secondary Counsellor and be prepared to submit medical certificates upon request
 11. Provide an "Unofficial" transcript BEFORE 1 week in January of each year and an "Official" transcript BEFORE May 30th of each year.
 12. Fill in Exit questionnaire when schooling has stopped. ie. Withdrawal from program or *Refer to page 19
- I also understand and agree that:
13. All information provided by me is correct
 14. The Education Authority has the right to withdraw my sponsorship funding and may legally recover any portion of or all funds advanced, should it be determined that I have misused or misappropriated any of my funding
 15. The Education Authority will not be liable for or assume any of my self-arranged education debt
 16. I have read and understand my Post-secondary Sponsorship Funding Guidebook and will adhere to the guidelines set out in it.

WITNESS

SIGNATURE OF STUDENT

Dated: _____

For questions or more information please contact:

Nisichawayasi Netho
Culture and Education
Authority Inc.
2 Otetiskiwinn Drive Nelson
House, MB R0B 1A0

Tel 1-866-233-6432 (Toll Free)
Tel: 1-204-484-2095
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