

**Post-Secondary - Occupational Skill Development
 APPLICATION FOR EDUCATION ASSISTANCE**



**CROSS LAKE
 Education
 Authority**

C.E.I.S. Student Unique Identifier Code

BAND 276	TREATY 	POSITION 	BIRTH DATE Y M D 	APPLICATION DATE Y M D
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PART A - BASIC STUDENT INFORMATION

Student Number	Other	FOR OFFICE USE ONLY		<input type="checkbox"/> High School Transcript
		<input type="checkbox"/> New	PRIORITY	<input type="checkbox"/> University / College Transcript
		<input type="checkbox"/> Re-Enrollment	P.S. <input type="checkbox"/> U.C.E.P. <input type="checkbox"/> O.S.D. <input type="checkbox"/>	<input type="checkbox"/> Acceptance Letter
		<input type="checkbox"/> Deferred	1-5 <input type="checkbox"/> 1-4 <input type="checkbox"/> 1-5 <input type="checkbox"/>	<input type="checkbox"/> Other

Surname	Given Name	Social Insurance Number

Mailing & Current Address	City or Town	Province	Postal Code	Usually Live (✓) <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve
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Sex (✓) M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status (✓) Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/>	Single Parent <input type="checkbox"/>	Spouse <input type="checkbox"/> Will live with me. <input type="checkbox"/> <input type="checkbox"/> Will be Employed <input type="checkbox"/> Will be a Student	Phone:	Cell:
Name of Spouse	No. of Dependents	Sponsored From		Email:	

List of Dependents who live with me	Birth Date	Grade	List of dependents who live with relative or guardian	Birth Date	Grade
	Y M D			Y M D	
1.			1.		
2.			2.		
3.			3.		
4.			4.		

In case of emergency contact	Address	Telephone Number
Family Name	City/Town	Postal Code
First Name	Prov.	

PREVIOUS EDUCATION AND TRAINING

Schooling - Training	Name / Location	Program	Program Completed	No. of Credit Hours Completed	Yr.	Certificate Received
			Yes No			
1 - Primary						
2 - Secondary						
3 - Community College						
4 - University						
5 - OTHER (Specify)						

Highest grade completed in primary or secondary school	Previous number of student training units provided:	
	(a) Post Secondary	(b) Occ. Skill Dev.
	Weeks	Weeks

PART B - ASSISTANCE REQUIRED

I hereby make application for financial assistance to enroll in:
 Educational Assistance Category (Please check)

P Post Secondary or **U** University/College Entrance Program or **O** Occupational Skill Development

Please include letter of acceptance plus most recent transcript.

Program or Course	From	To
	Y M D 	Y M D

Institution	Location (city-town-province)	Canadian postal code or U.S.A. ZIP Code (U+5 digits)

Out of province students, please include program information, tuition, books and travel costs.	Career goal	Expected Graduation
		Y M D

CLASSIFICATION OF REQUESTED TRAINING AND INSTITUTIONS

ATTENDANCE (✓)⇒	FULL-TIME <input type="checkbox"/> F	OR	PART-TIME <input type="checkbox"/> P
Type of Training (✓)⇒	Academic up-grading 1 <input type="checkbox"/>	Community course 2 <input type="checkbox"/>	University Bachelor 3 <input type="checkbox"/>
	Community College 4 <input type="checkbox"/>	University Master 5 <input type="checkbox"/>	University Ph.D. 6 <input type="checkbox"/>
	Other (specify) 7 <input type="checkbox"/>	

PART C - COST OF EDUCATION

**ESTIMATED COSTS:
FOR OFFICE USE ONLY:**

	Current Fiscal Year				Next Fiscal Year			
	20____ / ____ April - March				20____ / ____ April - March			
	+ = Increase - add'l. Funding requested • = Actual Amt. Funded				+ = Increase - add'l. Funding requested • = Actual Amt. Funded			
1. Tuition _____ + Tutorial _____								
2. Books and Supplies								
3. Special Clothing and Equipment								
TOTAL INSTRUCTIONAL								
4. Allowance								
5. Special Needs								
6. Travel - Seasonal								
7. Incentive Bursary								
8. Relocation Costs								
9. Other Costs								
TOTAL SUPPORT								
TOTAL ESTIMATED COSTS								
PLANNED NUMBER OF TRAINING UNITS								
a. Post-Secondary	Weeks/Months a. <input type="text"/>				Weeks/Months a. <input type="text"/>			
b. University / College Entrance	Weeks/Months b. <input type="text"/>				Weeks/Months b. <input type="text"/>			
c. Occupational Skill Development	Weeks/Months c. <input type="text"/>				Weeks/Months c. <input type="text"/>			

ASSISTANCE CATEGORY

Education Authority

1 Wholly Funded

Bank Information:

Name of Bank: _____

2 OR Supplemental to CEIC

Code #: _____

Branch #: _____

3 OR Supplemental to other Funding Sources, Specify: _____

Account #: _____

PART D - SENDING COUNSELOR'S COMMENTS AND RECOMMENDATIONS

I recommend OR I do not recommend this application for approval because _____

Counselor's Signature

Date

PART E - DEBTS

OWED TO:	Monthly Payments	Total Owning	Any Future Court Appearances?	Do you have any outstanding fines?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
_____	_____	_____		If Yes, How much? _____

PART F - I understand the following conditions for sponsorship by the Cross Lake Education Authority.

- To attend classes regularly.
- To consult with the counselor if any problems arise, academically, emotionally, physically and financially.
- To meet the standards required by the university for continuation in my program of studies.
- To provide my marks and reports to the C.L.E.A. upon my Counselor's request.
- To provide any changes to my counselor such as, new address, new telephone number, etc.
- To accept responsibility for satisfying the academic or training requirements of the above institution and managing the educational assistance funds to the best of my ability.

I have read this application for educational assistance and agree to the conditions as outlined in parts A, B, C, D, and E.

Date

Signature of Student

Signature of Parent, if applicant is under 18 years of age.

Date

Signature of Authorizing Officer

Position