



NORWAY HOUSE EDUCATION CENTRE

EDUCATION, TRAINING & CULTURE

• BOX 880 • NORWAY HOUSE, MANITOBA • ROB 1B0 •

HEAD OFFICE ☐
PHONE (204) 359-6296
FAX (204) 359-6262

WINNIPEG OFFICE ☐
405 - 333 MARYLAND ST.
WINNIPEG, MB R3G 1M1
PHONE (204) 779-0980
FAX (204) 779-0992

Dear Applicant

RE: SPONSORSHIP FUNDING APPLICATION PACKAGE

Here is your Package for Sponsorship Funding for the _____ school year. In order for your funding package to be considered you must ensure all areas are filled out and include the following documents;

- Application Form
- Academic Plan
- Signed Released Form
- Signed Contractual Agreement
- Letter of Acceptance (if applicable)
- Recent transcript(s)
- Cost of Tuition & Books
- Information on program of study
- Phone number & address of Institution
- CAAT Test Results (all new applicants who haven't just graduated)
- Child Tax Benefit Statement
- Contact IV Client Information Form

If you are missing any of the information above please ensure that you bring it into the Education Office as soon as you can. Please do not forget that the deadline for funding is **April 15, 2010 at 4:30 p.m.**

We will not receive any applications past this date and also please remember if your application does not have all the above documentation by this time it will be considered incomplete and will not be processed.

If you have any further questions or need assistance feel free to call the Education office at (204) 359-6296 or 1-888-573-6267 anytime.

Sincerely Yours,

The Education Directorate

KE/mjj



Band Code <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="8"/>	Treaty Number <input type="text"/>	Birth Date Y <input type="text"/> M <input type="text"/> D <input type="text"/>	Student Number <input type="text"/>
Action Code ▶ <input type="checkbox"/> CONTINUING STUDENT (A) <input type="checkbox"/> NEW STUDENT (B) <input type="checkbox"/> RETURNING STUDENT (C)			

PART A – BASIC STUDENT INFORMATION

Surname			Given Name			Social Insurance Number									
Street Address or P.O. Box				Province		Postal Code		Phone Number							
Town/City					Email										
Sex (✓) M <input type="checkbox"/> F <input type="checkbox"/>		Marital Status (✓) Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated <input type="checkbox"/>			No. of Dependants <input type="text"/>		Name of Spouse <input type="text"/>		Usually Live (✓) <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve						
Employed If yes (✓) ▶ FULL TIME <input type="checkbox"/> PART TIME <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"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>							
Dependants Names		Birthdate Y M D		Lives with me (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>		Grade		Dependants Names		Birthdate Y M D		Lives with me (✓) YES <input type="checkbox"/> NO <input type="checkbox"/>		Grade	
1.				YES <input type="checkbox"/> NO <input type="checkbox"/>				4.				YES <input type="checkbox"/> NO <input type="checkbox"/>			
2.				YES <input type="checkbox"/> NO <input type="checkbox"/>				5.				YES <input type="checkbox"/> NO <input type="checkbox"/>			
3.				YES <input type="checkbox"/> NO <input type="checkbox"/>				6.				YES <input type="checkbox"/> NO <input type="checkbox"/>			
In case of emergency please contact (next of kin) Name						Relationship			Telephone Number						
Address							Province		Postal Code						

PREVIOUS EDUCATION AND TRAINING

Schooling – Training	Name	Location	Program Completed	Grade & Year Completed	Diploma/Certificate/Degree Received	No of Credit hrs. completed
1 – Secondary						
2 – College						
3 – University						
4 – OTHER (specify)						

PART B – FINANCIAL ASSISTANCE

I hereby make application for financial assistance to enroll in a post-secondary academic or occupational skill training program at an institution for which I have been accepted.

Educational Assistance Category ▶ (✓) P Post-Secondary OR O Occupational Skill Development

Program		Post Degree (if Applicable)		From Y M D			To Y M D			
Institution			Location (city-town-province)				Postal Code			
Career Goal		Code		Degree Certificate or Licence				Expected Graduation Y M D		

CLASSIFICATION OF REQUESTED TRAINING AND INSTITUTIONS

Attendance (✓) ▶ Full-time F OR Part-time P

Type of Training (✓) ▶ Academic up-grading 1 Community course 2 University Bachelor 3
 Community College 4 University Master 5 University Ph.D. 6
 Other (specify) 7

PART C – COST OF EDUCATION

Estimated Costs	Current Fiscal Year				Next Fiscal Year			
	20 <input type="text"/> / <input type="text"/> April - March				20 <input type="text"/> / <input type="text"/> April - March			
1. TUITION								
2. BOOKS AND SUPPLIES								
3. TUTORIAL ASSISTANCE								
4. REGULAR LIVING ALLOWANCE								
5. HIGH RENT ALLOWANCE								
6. TRAVEL - SEASONAL								
7. INCENTIVE BURSARY								
8. START UP COST								
9. OTHER COSTS								
10.								
TOTAL FOR FINANCIAL COMMITMENT	Current Fiscal Year April - March 20 <input type="text"/> / <input type="text"/>				Next Fiscal Year Apr.-Mar. 20 <input type="text"/> / <input type="text"/>			

Office use only!

PLANNED NUMBER OF TRAINING UNITS

	Weeks	Weeks
a. Post-Secondary	(a) <input type="text"/>	(a) <input type="text"/>
b. Occupational Skill Development	(b) <input type="text"/>	(b) <input type="text"/>

FINANCIAL ASSISTANCE CATEGORY

- Full Funding
- Partial Funding
- Supplement to other Funding Services, please specify:

PART D – BANK INFORMATION FOR DIRECT DEPOSIT

Bank _____ Account Number _____
 Branch Number _____ Savings Chequing

PART E – SENDING COUNSELLOR'S COMMENTS AND RECOMMENDATIONS

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

_____ Date
 Counsellor's Signature

PART F – I Understand the following conditions for sponsorship by the Norway House Cree Nation Education Division

- To attend classes regularly.
- To consult with the counsellor if any problems arise, academically, emotionally, physically and financially.
- To meet the standards required by the institution and the Education Division for continuation in my program of studies.
- To provide my marks and reports to the N.H.C.N.E.D. upon my Counsellor's request.
- To adhere to any rules and regulations as outlined on The Post Secondary Policy.
- 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 hereby authorize NHCN Education Division to verify the above information.

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

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

_____ Date Signature of Authorizing Officer Position

- OFFICE USE ONLY:**
- Acceptance Letter
 - Recent Transcript
 - Child Tax Benefit Statement
 - CAAT Results
 - Release Form
 - Contact IV
 - Contractual Agreement
 - Registration
 - Academic Plan

Post Secondary Education
 Advisory Board:
 Comments: _____

- Approved
- Not Approved



*Norway House Cree Nation
Education Division*

NORWAY HOUSE, MANITOBA R0B 1B0
PHONE (204) 359-6296 FAX (204) 359-6262

RELEASE FORM

(POST SECONDARY)

I, _____ herewith authorize the release of my mid-term / final
Please Print
marks, progress report(s) and attendance record(s) as a condition(s) for
sponsorship by the Norway House Cree Nation Education Division.

INSTITUTION : _____

PROGRAM AND TERM : _____

STUDENT NUMBER : _____

STUDENT SIGNATURE : _____

DATE : _____



NORWAY HOUSE EDUCATION CENTRE

EDUCATION, TRAINING & CULTURE

CONTRACTUAL AGREEMENT BETWEEN SPONSORED STUDENT AND

NORWAY HOUSE CREE NATION EDUCATION, TRAINING AND CULTURAL DIVISION

You must adhere to these responsibilities in order to keep your sponsorship in good status.

1. PERSONAL COMMITMENT

To ensure your success in your course of study, you must be prepared to study extra hours and maintain a minimum of a “C” average. **PROBATIONARY** Status will be issued due to unsatisfactory academic performance.

2. REGULAR ATTENDANCE IS A MUST

Norway House Cree Nation Post-Secondary Education Assistance Policy states:

- a. Absences will require submission of documentation (ie. Doctor’s note, report) to your counsellor. The submission must be signed by you. Forward the document to your counsellor prior or immediately upon your return.
- b. Inexcusable absenteeism will result in a warning. You may also be placed on probationary status. Deductions on your student allowance will be made accordingly. If absenteeism persists, then your sponsorship will be **TERMINATED**.
- c. A student who remains absent from their place of study for a period of 5 consecutive days without notifying the institution or the Norway House Cree Nation Education, Training & Culture Division giving a justifiable excuse for the absence, shall be considered **DISCONTINUED** from their course of study and sponsorship **TERMINATED**.
- d. Medical reasons, court appearances and compassionate leave are examples of excusable absences and are limited to two days. Maternity or other extended leave must be approved by Post-Secondary Counsellor, with medical documentation.

3. ACADEMICS

Must maintain a minimum of a “C” grade average.

4. As a student, you are to maintain the standards of the institution you are attending.
 - The academic and attendance policies
 - The rules and regulations within the institution.
5. Provide your current address and phone number to your post-secondary counsellor.
6. You must meet with your post-secondary counsellor on a regular monthly basis.
 - a. You must notify your post-secondary counsellor if any changes take place in your registration. (Additional or deletion of courses)
 - b. You must provide a copy of your registration form to your post-secondary counsellor.
 - c. You must provide a course syllabus no later than the second week of classes for all courses taken during the term.

- d. You must be prepared to discuss your progress with your post-secondary counsellor.
 - e. Your allowance may be withheld if you do not meet with your post-secondary counsellor as scheduled.
7. Student who fail to consult with their post-secondary counsellor as outlined in 6 (a-d) may be terminated from sponsorship.
 8. If problems arise which affect school work, whether they are academic, personal, financial, or otherwise, **PLEASE** see your counsellor or call the Norway House Cree Nation Education, Training & Culture Division toll free at 1-888-573-6267.
 9. There are strictly **NO ADVANCES OR LOANS** allowed. If you are having problems budgeting your monthly allowance, then you must see your counsellor.
 10. Students must provide a written recommendation from their instructor/coordinator for extra course related expenses.
 11. If books exceed the amount issued by Norway House Cree Nation Education, Training & Culture Division, receipts must be submitted to the office before any additional funds for books are approved. **All REQUIRED** books must be directly related to your program of studies.
 12. Stolen and lost books will **NOT be REPLACED**.
 13. Students repeating a course will have to use their previous textbooks, unless a different version is on the booklist.
 14. Transcripts and progress reports must be submitted immediately to your counsellor as they become available.
 15. Upon completion of your studies, transcripts of marks must be submitted to the Norway House Cree Nation Education, Training & Culture Division. They will be kept on your student file.
 16. We are **NOT RESPONSIBLE** for any outstanding debts incurred by the student. e.g. Student Loans, bank loans, credit cards debt, rent, utilities, etc.
 17. We are **NOT RESPONSIBLE** for any costs towards extracurricular activities of the student and/or their dependents(s).

The Norway House Cree Nation Post-Secondary Education Advisory Board may terminate sponsorship if a student does not fulfill the responsibilities of this contractual agreement. If a student's sponsorship is terminated and the student wishes to appeal, she/he must do so by writing to the Appeal Board. The Appeal Board's decision will be final.

I understand the conditions for sponsorship by the Norway House Cree Nation Post-Secondary Education Advisory Board.

STUDENT'S NAME (PRINT)

DATE

STUDENT'S SIGNATURE

DATE

AUTHORIZING OFFICER'S SIGNATURE

DATE



NORWAY HOUSE EDUCATION CENTRE

EDUCATION, TRAINING & CULTURE

Academic Plan for University/College Applicants

Please complete this form IN FULL. Completion of this form is required as part of your education sponsorship.

In order to complete this form, please familiarize yourself with the university calendar and registration guide, and refer to your grade history/mark statements/transcripts.

If you are having difficulty completing any section and/or are unsure, please contact:

- * Your university calendar and registration guide
- * Your campus student career centre
- * Your Faculty/Program Student Advisor or Coordinator
- * Your campus academic advisor
- * Your Access academic advisor
- * Norway House Cree Nation Post-Secondary Advisor/Counsellor

Name of Applicant: _____

Institution: _____

Program: _____

Please read carefully and check ONE of the following:

“For September _____, 2 . . . ”

1. _____ Plan to start my first year in University/College for _____ Academic Year.
2. _____ Plan to continue my degree/diploma; I will be in my _____ th year.
3. _____ Plan to complete my degree/diploma; Graduation date _____ .
4. _____ Plan to transfer to a different school/institution.

If you checked 1, 2 and 3, please continue with this form.

If you checked 4, please only fill in the section “Academic Plan for Student Transferring” on Pages 7 – 8.

Upon receipt and review of your academic plan, the Norway House Education Division Director may contact you to discuss further. This plan will also be shared with the Norway House Post-Secondary Education Advisory Board.

Student Signature

Date

“My Career Goal” “Worksheet”

Tips:

Give this a serious thought! Goal setting requires a level of insight of yourself, your capabilities and your hopes. Consider the following questions:

What are your interests? What are your work habits? What are your personal hopes and goals? What is important to you? What have you decided on this career / field? Have you considered other career options in this field? What motivates you to work towards this career goal? Are there issues that may hold you back from reaching this career goal? Have you considered both the positive and negative aspects? Do you have the support of those close to you as your aspire for this career? Have you visited the campus career centre? Have you researched this career and/or program? Have you talked to someone who is already working in this field?

What kind of education and experience do you need to reach your goal? Do you have/ are you working towards acquiring this experience and education?

Career goal: _____

Provide details of your program choice. For instance, why you have chosen this program? What career opportunities are available upon graduation?

You may attach a separate paper, if you prefer (at least ½ page long).

“Making My Career Goal Happen” Worksheet

Specify the degree / diploma / certificate you are applying for, including the number of years of study, General or Honours or Advanced Degree; (For example: Bachelor of Science 3 Year; General Degree or Business Admin.; 2 Year College).

Program: _____

Total number of credit hours required for graduation: _____

Do you plan to attend further studies after achieving a first Degree/Diploma/Certificate?

(For example: After Degree Program, Graduate Studies). Check one: YES NO

If yes, please complete the following: _____

Name of the Institution: _____

Name of Program: _____

Length of Program: _____

Have you inquired about the Program? Check one: YES NO

Name of Contact Person: _____

Phone Number: _____

Contact Person’s Position: _____

“My Education: What I have done so far” Worksheet

List all the courses you have COMPLETED as of December _____:

(Attach a separate sheet if necessary).

Course Name and #:	Credit Hrs:	Date completed:	Final Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

“My Education: Year to Year Plan”

Please list all required and elective courses for your program to its corresponding year. First, you will use this list to check off what courses you have completed and second, to enable you to compare what courses are needed to complete your program choice.

TIPS:

Read about your program in the University/College Calendar and Registration Guide. On a separate sheet, list the required courses and review the elective courses – what would be of interest to you and still count for credit? Though a school year can include Spring and Summer courses, assume that most of your classes will be completed from September through April. As a full-time sponsored student, each year should consist of at least 24 credit hours; Norway House Cree Nation Sponsorship timeline: 3-year program = up to 4 years to complete; 4-year program = up to 5 years to complete.

NOTE: Applicants that are planning to enter first year of studies in University or College, please provide list of courses and credit hours only.

**“My Year 1”
Beginning September _____ (Year)**

Course Name and #:	Credit Hrs:	Completed(√):	Final Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**“My Year 2”
September _____ (Year)**

Course Name and #:	Credit Hrs:	Completed(√):	Final Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

“My Year 3”
September _____ (Year)

Course Name and #:	Credit Hrs:	Completed(√):	Final Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

“My Year 4”
September _____ (Year)

Course Name and #:	Credit Hrs:	Completed(√):	Final Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

“My Year 5”
September _____ (Year)

Course Name and #:	Credit Hrs:	Completed(√):	Final Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

“I had an academic Advisor assist me with my academic plan” YES NO
If yes, please have the Academic Advisor/Counsellor complete the following:
Academic Advisor: _____
Phone Number: _____
Academic Advisor’s Signature: _____

Thank you, for your assistance and cooperation!

