



DATE RECEIVED

**HIFN APPLICATION  
FOR POST-SECONDARY EDUCATION ASSISTANCE**

**APPLICATION DEADLINE FOR SEPTEMBER ENROLLMENT IS MAY 15<sup>th</sup> ANNUALLY** Applications received after May 15<sup>th</sup> will be placed behind applications received prior to the deadline and will be subject to the availability of funds.  
**APPLICATION DEADLINE FOR PROGRAMS WITH VARIABLE START DATES** Applications must arrive at Henvey Inlet First Nation at least three (3) months prior to program start date and are subject to the availability of funds.

The information requested in this application is required to ensure HIFN is able to provide students with the proper educational services. All requested information is mandatory so please ensure you have completed your application in full otherwise it will be returned to you. You are encouraged to contact the Education Counsellor for clarification and/or assistance at any time. It might be helpful for students to think of this application as the first research assignment of your post-secondary education.

*ALL PERSONAL INFORMATION IS KEPT CONFIDENTIAL*

<b>STUDENT INFORMATION</b>			
Last Name: _____ <small>PLEASE PRINT</small>		Application Date ____ / ____ / ____ <small>M      D      Y</small>	
First Name: _____		Initial: _____ Gender: F __ M __	
----- <small>HIFN Band Number</small>		Birthdate: ____ / ____ / ____ <small>M      D      Y</small>	
Home Address		Address while at School	
House or Apt #		House or Apt #	
Street		Street	
City		City	
Province      Postal Code		Province      Postal Code	
Cell Number: (____) _____ Alternate Number: (____) _____			
Email Address: _____ <small>PLEASE PRINT CLEARLY</small>			
Emergency Contact: _____ Telephone: _____			
HIFN Education Staff has my permission to discuss my file with the above named person. Y __ N			

## STUDENT PROFILE

Please check one of the following:

- (S1) Single Student
- (S2) Single Parent with # \_\_\_\_\_ dependant(s)
- ( M) Married/Common Law with # \_\_\_\_\_ dependant(s)

A dependant is a child under the age of 18 who is dependent on the student AND who is not in receipt of PSEA funds from Henvey Inlet First Nation. (Proof of custody or Notice of Assessment is required)

## CURRENT STATUS

Please check one of the following:

- High School Graduate Year: \_\_\_\_\_
- Continuing Post-Secondary Student
- Post-Secondary Graduate: Applying for Level 3 Studies
- Post-Secondary student returning after being away from studies for 1+ years
- Mature Student
- Probationary Student

## STUDENTS MUST SUBMIT THE FOLLOWING DOCUMENTS WITH APPLICATION

- Tuition Invoice or Estimate
- HIFN Authorization to Release Information
- Institution's Authorization to Release Information (aka Third Party Consent form)
- Copy of status card (both sides)
- Direct Deposit Form from your Bank
- Signed copy of your Residence Agreement (if using)
- E-Grades via Web Advisor from previous semester (Returning students only)
- Course schedule

**First Year and/or Mature Students** must also submit:

- Transcript or Graduation Certificate
- Letter of Acceptance or Offer of Admission
- Official Program Description that includes the length of time required to graduate from your program.

**Students with Dependants** must submit Proof of Custody or a copy of last year's Revenue Canada Notice of Assessment in addition to the above noted documents.

### PREVIOUS POST-SECONDARY EDUCATION

Have you received Post-Secondary funding before? Please identify source.

Henvey Inlet First Nation  Yes  No Year received: \_\_\_\_\_

Government Funding (eg: OSAP)  Yes  No Year received: \_\_\_\_\_

Other Source: Please specify \_\_\_\_\_

If you attended Post-Secondary, when did you last attend? \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Program Studied: \_\_\_\_\_

Did you Graduate?  Yes  No Date of Graduation:     /     /      
M D Y

If not, how many credits did you complete? \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

### CURRENT POST-SECONDARY APPLICATION

Name of College/ University: \_\_\_\_\_

Address: \_\_\_\_\_

Campus: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Program/Major: \_\_\_\_\_ Full-time  Part-time

Student Number: \_\_\_\_\_

Please circle the correct number: Length of this program: 1 2 3 4 years  
 My current year of study: 1 2 3 4

<b>College Students</b>	<b>University Students</b>
How many semesters are in your current program? _____	How many credits are required to graduate from your program? _____
How many semesters will you have completed as of May 15 <sup>th</sup> this year? _____	How many credits will you have earned as of May 15 <sup>th</sup> this year? _____
Please circle the semesters you are requesting funding for: Fall Winter Summer Spring	Please circle the semesters you are requesting funding for: Fall Winter Summer Spring
What is your expected date of graduation? <div style="text-align: center;"> <u>   </u> / <u>   </u> / <u>   </u>  <small>M D Y</small> </div>	What is your expected date of graduation? <div style="text-align: center;"> <u>   </u> / <u>   </u> / <u>   </u>  <small>M D Y</small> </div>





## HENVEY INLET FIRST NATION

### Authorization to Release Information

**Institution Name** \_\_\_\_\_

**Address** \_\_\_\_\_

#### **Office of the Registrar**

To Whom It May Concern:

As a student sponsored by Henvey Inlet First Nation, I hereby authorize the above named institution to release the following information to Henvey Inlet First Nation for the duration of my sponsorship. This includes: confirmation of registration, graduation and degree, transcripts or grades, and any other documents pertaining to my academic progress or student fees.

**Student Name** \_\_\_\_\_

**Student Number** \_\_\_\_\_

**Program** \_\_\_\_\_

Expected Date of Graduation: \_\_\_/\_\_\_/\_\_\_  
M D Y

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mark all correspondence CONFIDENTIAL and fax to 705-857-3021, Attn: Henvey Inlet First Nation Education Counsellor. For additional information please call 705-857-2331 Ext. 229 or email [education@henveyinlet.com](mailto:education@henveyinlet.com)

Revised February 2018