

Application for Post Secondary Education Assistance Program

Mail to: Dokis Education Department
Box 62, Dokis First Nation
Monetville, Ontario, P0M 2K0
Fax to: 705-763-2087

Attention: Sharon Goulais, Education Counsellor

Application must be post marked no later than March 31st 2008, to be considered for funding. Application must be completed in full to qualify for funding. Providing any false information will result in termination of assistance.

Surname

Given Name

Address

City

Prov.

P/C

___ New Student

___ Returning Student (to Dokis Education Dept.)

Band Registration # _____

SIN _____

Birth Date _____

Phone Number _____

Number of * dependent children ALLOWANCE CATEGORY

(Evidence required) ___ S1 – Single

Birth or Baptismal ___ S2 – Single Parent

Certificate ___ M1 – Married

___ M2 – Married with * dependent spouse

* Dependent Children – A person who is dependent upon the student as defined by Revenue Canada's income tax regulations and who does not receive income in excess of the level of income allowed for a dependent spouse by Revenue Canada's income tax regulations.

* Dependent Spouse – A person who is married to the student or a person who has lived with the student as husband or wife for at least 12 continuous months or is the parent of your child by birth or adoption, (regardless of the length of co-habitation), as per the regulations of Revenue Canada. The person is dependent upon the student and does not receive income in excess of the level of income allowed for a dependent spouse by Revenue Canada's income tax regulations.

* These regulations are subject to change (without notice) according to Revenue Canada's regulations and guidelines.

* Application form is subject to change (without notice) according to the Dokis Education Dept.

ARE YOU A HIGH SCHOOL GRADUATE? _____ YES _____ NO

IF YES, WHEN DID YOU GRADUATE? _____
(Please attach diploma)

DOKIS FIRST NATION POST SECONDARY DEPARTMENT HISTORY

Year you last received funding _____

Attendance: Full-Time _____ Part-Time _____

Entrance _____ College _____ University _____ M.A./PH.D _____

What was the outcome? _____

TYPE OF PROGRAM PRESENTLY APPLYING FOR:

Full-Time _____ Part-Time _____

College Diploma _____ University Degree _____ B.A. _____ M.A. _____ PH.D _____

Program: _____

Length of Program: 1 2 3 4 Year of study: 1 2 3 4

Institute: _____

Expected Graduation Date: _____

If you are graduating from a college Program, do you plan to attend University?

Yes _____ No _____

If yes, name of University: _____

Course/Program: _____

Long term educational goals / Desired employment:

By signing this application, I agree to the terms and conditions set out on this application and in the Dokis First Nation Education Department Post Secondary Education Assistance Program Policy and Administrative Guidelines. Updated copies of the Policies and Guidelines are available through the Education Department. I understand that if any section of this application is not completed, this will deem my application void.

Signature of Applicant

Date