



**Northern Nishnawbe Education Council**  
**Post-Secondary Program**  
 21 King Street, P.O. Box 1419  
 Sioux Lookout ON P8T 1B9  
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Sioux Lookout  
 1-800-465-3626  
 Thunder Bay  
 1-888-203-8312  
 Fax: 475-3099 [www.nnec.on.ca](http://www.nnec.on.ca)

**Deadline for Applications**  
 Spring/Summer March 15  
 Fall/Winter: May 15  
 Winter Term: November 15

## APPLICATION FOR POST SECONDARY ASSISTANCE

### STUDENT INFORMATION

|  |                               |   |   |
|--|-------------------------------|---|---|
| Name:  |                               | Registry # (status card):                                 |   |
| <b>Permanent Address:</b><br>Street/P.O. Box:            |                               | <b>Address While in School:</b><br>Apt#/Street#/P.O. Box: |   |
| Town/City:   |                               | Town/City:  |   |
| Postal Code:   |                               | Postal Code:  |   |
| Date of Birth: D/ M/ Y/                                  | Sex (please check): M F Other | Phone #:  | Cell #:   |
| <b>Email Address</b> (please print clearly):             |                               | Emergency Contact (Name and Number):                      |   |
| <b>Facebook Name:</b>                                    |                               |   |   |
| Marital Status (please check): Single Married Common Law |                               | Date Relationship Established: D/ M/ Y/                   |   |
| Is your spouse/partner employed? (please check) Y N      |                               |   |   |
| Do you have a disability? Y N                            |                               | Have you been living in Canada for the past 12 months?    | Are you receiving benefits from another source (i.e. ODSP)? |

### DEPENDENT INFORMATION

If claiming dependents, please provide birth certificates and status cards for all children **under 18** who will be residing with you while attending school. Name(s) and Age(s):

|    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

### HIGH SCHOOL EDUCATION HISTORY

|   |                  |                     |
|---|------------------|---------------------|
| Last High School Attended:  | Grade Completed: | Year Last Attended: |
| Are you a high school graduate? (Please check) Y N Pending (currently enrolled) |                  |                     |

### POST SECONDARY EDUCATION PLAN

|  |  |
|--|--|
| Program Name:  | Institution:   |
| Campus Location (city):                                | Session: (please check) : Fall/Winter Winter Spring/Summer |
| Attendance (please check): Full-Time Part-Time         | Start Date: D/ M/ Y/ to D/ M/ Y/                           |
| Length of Program (Years):                             | Year of Study:   |
| Delivery (please check): On-Campus Distance Ed Modular |  |

### DECLARATION

|  |  |
|--|--|
| <input type="checkbox"/> Education Assistance Form<br><input type="checkbox"/> Release of Information<br><input type="checkbox"/> Band Letter of Support<br><input type="checkbox"/> Photocopy of Valid Status Card<br><input type="checkbox"/> Offer of Admission<br><input type="checkbox"/> High School Transcript<br><input type="checkbox"/> Post Secondary Transcripts | <p>The information provided, to the best of my knowledge, is accurate and current. I have read and agree to the terms and conditions governing NNEC Post Secondary Student Support Program financial assistance. In compliance, the required listed documents are attached or are forthcoming.</p> <p>Student Signature: _____ Date: _____</p> |
|--|--|

### OFFICE USE ONLY

|                 |                         |                                   |
|-----------------|-------------------------|-----------------------------------|
| Student Status: | Application Status:     | Priority Level: Notes:<br>1 2 3 4 |
| New             | Approved – Pending      |                                   |
| Returning       | Waitlist – Not approved |                                   |

**Consent for Release of Information  
Post Secondary Student Support Program  
Northern Nishnawbe Education Council**



**FOR STUDENTS RECEIVING NNEC FUNDING**

As a condition of receiving funding, you are required to give your consent to the exchange of personal, financial, and academic information with affiliated education, government, and financial representatives.

I, (print) \_\_\_\_\_ authorize the Registrar (or designate) and the Student Services Department of my post secondary institution to release the following information to the Post Secondary Department of Northern Nishnawbe Education Council. The release of any additional information requires the "informed consent" of the student.

**Personal Information**

- Name
- Student number
- Mailing address
- Telephone number
- Email address

**Financial Information**

- Records of payment
- Records of non-payment
- Record of fraudulent payment

**Academic Information**

- Course schedules
- Grades
- Attendance records
- Copies of academic warnings

I, (print) \_\_\_\_\_ authorize Northern Nishnawbe Education Council to release my information to the board approved auditor and affiliated Government of Canada representative. My consent is in effect from this day forth through seven years after the completion of my post secondary studies.

Student Signature

Date

NNEC Post Secondary Counsellor Signature

Date

**Charter of Student Rights and Responsibilities  
Post Secondary Student Support Program  
Northern Nishnawbe Education Council**



**STUDENT RIGHTS**

Each student has the right:

- To the privacy of information
- To be informed of Post Secondary Student Support Program policies and procedures
- To be treated respectfully by NNEC staff and students
- To discuss extenuating academic circumstances, without fear of reprisal
- To have PSSSP issues resolved in a fair, equitable, and timely manner
- To file a complaint or appeal without fear of reprisal

**STUDENT RESPONSIBILITIES:**

It is the student's responsibility:

- To be informed of PSSSP policies, changes, and procedures
- To comply with PSSSP policies and procedures
- To treat program staff, faculty staff, and students with respect
- To provide program/course documentation on schedule throughout the academic year
- To complete all course work, on schedule, as assigned by the post secondary institution
- To attend all required classes and tutorials
- To arrive on time for class and remain for the duration of the lesson/tutorial
- To carry a full course as defined by NNEC of 27 to 30 credit hours at the University and the standard per semester course load at the College
- To maintain a successful grade point average as required by the program
- To consult with an NNEC Counsellor prior to withdrawal from a course/program
- To refrain from harassment, verbal abuse or physical assault of NNEC staff, faculty staff, or students
- To not enter an NNEC building under the influence of alcohol /illicit drugs

I, \_\_\_\_\_ (print) have read and understood my rights and responsibilities.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NNEC Post Secondary Counsellor Signature

\_\_\_\_\_  
Date