

**Rainy River First Nations (RRFN)  
Post Secondary Student Information**

**Personal Information**

Name: \_\_\_\_\_

Social Insurance # \_\_\_\_\_

Email: \_\_\_\_\_

Band Status # \_\_\_\_\_

**Mailing Address During School Term**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
\_\_\_\_\_

Date at above address: \_\_\_\_\_ to \_\_\_\_\_

**Mailing Address During Summer Break**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
\_\_\_\_\_

Date at above address: \_\_\_\_\_ to \_\_\_\_\_

**Emergency Contact:**

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

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

**Information to be used in calculating monthly living allowance**

Single

Dependents - # \_\_\_\_\_ under 18 years old

Married

Name (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Academic Information**

**Academic History**

Total # of years funded by RRFN: \_\_\_\_\_

Tuition only - \_\_\_\_\_ years

Tuition and Living Allowance - \_\_\_\_\_ years

Degrees (D) Received to Date and Institution (I):

(D) \_\_\_\_\_

(I) \_\_\_\_\_

(D) \_\_\_\_\_

(I) \_\_\_\_\_

(D) \_\_\_\_\_

(I) \_\_\_\_\_

**Current Academic Information**

Program Title: \_\_\_\_\_

Duration of Program: \_\_\_\_\_

Year of Study: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Institution: \_\_\_\_\_

Registrar's Office Contact Information:

\_\_\_\_\_

\_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

**Future Academic Goals**

To assist in budget forecasting, please provide information on your future academic plans (i.e. programs of study, duration, institution)

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**Comments / Suggestions**

Please provide any comments and/or suggestions pertaining to the RRFN's Post Secondary Education Program. Information will be shared with the RRFN Education Committee as a means of improving the RRFN Post Secondary Education Program.

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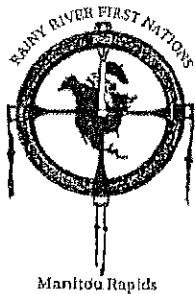
**Return via Fax to: (807) 482-2603**

**Or via Email:**

**Attn: TARA HUNTER**

t.hunter@bellnet.ca

**APPLICATION DEADLINE**  
**1<sup>ST</sup> FRIDAY IN JUNE EVERY YEAR**



# Rainy River First Nations Manitou Rapids

P. O. Box 450  
Emo, Ontario POW 1E0  
Phone (807) 482-2479  
Fax (807) 482-2603

## RELEASE OF INFORMATION

STUDENT NAME: \_\_\_\_\_ STUDENT NO: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
TOWN/FIRST NATION: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_  
INSTITUTION ADDRESS: \_\_\_\_\_  
TOWN/CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PROGRAM OF STUDIES: \_\_\_\_\_  
*IN ACCORDANCE WITH SECTION 29-(1)-(A) OF THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989. THIS LETTER AUTHORIZES THE RELEASE OF INFORMATION REGARDING ENROLLMENT, AND MY STUDENT RECORD FOLLOWING EACH EXAMINATION SERIES DURING THE PERIOD SEPTEMBER 01, \_\_\_\_\_ TO AUGUST 30, \_\_\_\_\_ AS REQUIRED, ON THE UNDERSTANDING THAT ALL INFORMATION RECEIVED IS SOLELY FOR THE USE OF THE SPONSORS AND WILL BE HELD IN THE STRICTEST OF CONFIDENCE.*

### PLEASE PROVIDE MY TRANSCRIPTS AS FOLLOWS:

- January – After First Term Results are recorded.
- June – After Second Term Results are recorded.
- July – After Intersession and First Term Summer Evening Results are recorded.
- September 1 – After Term Summer Evening and/or Terms of Summer Results are recorded.
- After my Degree/Diploma obtained is recorded.

OR IN THE EVENT THAT I SHOULD WITHDRAW FROM THE ABOVE PROGRAM,  
PLEASE FORWARD THE ABOVE INFORMATION/REIMBURSEMENT TO:

RAINY RIVER FIRST NATIONS EDUCATION AUTHORITY  
POST-SECONDARY PROGRAM  
P.O. BOX 450  
EMO, ON  
POW 1E0

STUDENT'S SIGNATURE

DATE SIGNED

AUTHORIZED SIGNATURE OF RRFN SPONSOR

DATE SIGNED

**RAINY RIVER FIRST NATIONS EDUCATION AUTHORITY  
POST-SECONDARY, UNIVERSITY & COLLEGE ENTRANCE PROGRAMMES  
- STUDENT INFORMATION SHEET**

FULL NAME: \_\_\_\_\_

**FAMILY INFORMATION:** SPOUSE'S NAME: \_\_\_\_\_  
CO-HABIT'S: YES / NO, MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ COMMON-LAW: \_\_\_\_\_  
F/T STUDENT: \_\_\_\_\_ FULL TIME EMPLOYEE: YES / NO

**DEPENDENTS**

NAME	BIRTHDAY D/M/YR	WILL LIVE WITH ME
		YES: _____ NO: _____
		YES: _____ NO: _____
		YES: _____ NO: _____
		YES: _____ NO: _____

**ACADEMIC HISTORY:**

Last Elementary or High School Attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Year: \_\_\_\_\_

Present Course/Program Attending: \_\_\_\_\_

Length of Program: 1 2 3 4 \_\_\_\_\_ Year(s) of Study: 1 2 3 4

Name of Institute: \_\_\_\_\_ OR

Course/Program Applying for: \_\_\_\_\_

Length of Program: 1 2 3 4 \_\_\_\_\_ Year(s) of Study: 1 2 3 4

Graduation Date: \_\_\_/\_\_\_/\_\_\_ Post-Secondary Institutions Attended: \_\_\_\_\_

**CERTIFICATE/ DEGREE/ DIPLOMA**

NAME OF SCHOOL	LOCATION	YEAR	ACHIEVED

PREVIOUS FUNDING BY RRFN: YES: \_\_\_\_\_ NO: \_\_\_\_\_ YEAR(S): \_\_\_\_\_

WHAT PROGRAM/GRADE? \_\_\_\_\_

DID YOU COMPLETE OR DROP OUT? \_\_\_\_\_

OTHER RELATED TRAINING OR EXPERIENCE, EMPLOYMENT, VOLUNTEER, ETC: \_\_\_\_\_

**I certify that the above information is correct to the best of my knowledge. I also understand that it is my responsibility to inform the Rainy River First Nations Education Authority of any changes in the above information. Failure to do so could result in termination of your sponsorship.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICATION FOR EDUCATIONAL ASSISTANCE**  
(CONFIDENTIAL WHEN COMPLETED)

**POST-SECONDARY and UNIVERSITY and COLLEGE ENTRANCE PROGRAMS**

**STUDENT IDENTIFIER**

NEW STUDENT  FROM UCEP  RE-ENROLLMENT  PRIORITY

BAND CODE  FAMILY NUMBER  POSITION NUMBER

APPLICATION DATE: / / BIRTH DATE: / /

**BASIC STUDENT INFORMATION**

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ SEX MALE  FEMALE

DEPENDENTS  ALLOWANCE CATEGORY \_\_\_\_\_ RESIDENCE ON RESERVE  OFF RESERVE  CROWN LAND  CANADIAN RESIDENT YES  NO

BILL C-31 YES  NO  ADMINISTERING ORGANIZATION \_\_\_\_\_ PREVIOUS UNITS UCEP  LEVEL I  LEVEL II  LEVEL III

**EDUCATION PLAN**

CATEGORY \_\_\_\_\_ ATTENDANCE FULL-TIME  PART-TIME  TYPE OF PROGRAM COLLEGE  UNIV. DIPLOMA  BA  MA  PHD

PROGRAM/COURSE \_\_\_\_\_ INSTITUTION \_\_\_\_\_ LOCATION \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

OCCUPATION FIELD CODE \_\_\_\_\_ LENGTH OF PROGRAM (YEARS) \_\_\_\_\_ YEAR OF STUDY \_\_\_\_\_ DATE OF GRADUATION Y/ / M / / D / /

INSTITUTIONAL ACCEPTANCE FINAL  CONTINUED  CONDITIONAL  TRAINING DATES FROM: Y/ / M / / D / / TO: Y/ / M / / D / /

**ESTIMATED COSTS**

FISCAL YEAR	20	20	20	/20
TUITION				
BOOKS AND SUPPLIES				
TOTAL INSTRUCTION				
REGULAR LIVING ALLOWANCE				
HIGH RENT ALLOWANCE				
SEASONAL TRAVEL				
LEVEL III INCENTIVE				
STRATEGIC STUDIES SCHOLARSHIP				
ACADEMIC STUDIES SCHOLARSHIP				
OTHER COSTS				
TOTAL SUPPORT COSTS				
TOTAL COSTS				
STUDENT MONTHS				

**I HAVE READ AND AGREE TO THE CONDITIONS FOR THIS FINANCIAL ASSISTANCE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COUNSELLOR'S COMMENTS RECOMMEND  NOT RECOMMENDED  FUNDING DEPENDANT

AUTHORIZATION ADMINISTERED BY: INAC  LOCALLY  SIGNATURE OF AUTHORIZING OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNSELLOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_