

Fisher River



Cree Nation

Human Resource Program

Training and Employment Development
APPLICATION FOR ASSISTANCE

TREATY NUMBER FORMS INCLUDED:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1. LATEST TRANSCPT	<input type="text"/>	2. CONTINUING	<input type="text"/>
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BIRTHDAY DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3. REGISTRATION	<input type="text"/>	4. NEW STUDENT	<input type="text"/>
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YY – MM – DD

5. REGISTRATION	<input type="text"/>	6. DEFFERRED	<input type="text"/>
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PREVIOUSLY FUNDED	<input type="text"/>
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Last Name _____ First Name _____ Second Name _____

Social Insurance Number _____

Phone Number on Reserve _____ Phone Number off Reserve _____

Current Address _____

Postal Code _____

<u>Sex</u> (✓) M _____ F _____	<u>Marital Status</u> (✓) Single _____ Married _____ Common Law _____ Single Parent _____	<u>Spouse</u> (✓) Will live with me _____ Will be a full time student _____ Will be employed _____ Will be unemployed claim as a dependent _____
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Name of Dependents Birthday Date YY/ MM /DD Name of Dependents Birthday Date YY/ MM/DD

1. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	4. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	5. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	6. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (next of Kin) _____ Telephone Number _____

_____	_____
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Address _____ Province _____ Postal Code _____

_____	_____	_____
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Current Year of Study (e.g. 1 of 3) _____ Of _____ Expected graduation date:

Application period: Fall _____ Winter _____ Spring _____ Summer _____

_____	_____	_____	_____
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Program or Course _____ Current Year From: YY/MM/DD To: YY/MM/DD

_____	_____	_____
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Institution Name _____ Location (City – Town – Province) _____ Postal Code _____

_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Classifications of Request Training and Institutions

<u>Attendance(check one):</u> Part Time _____ Or Full Time _____		
<u>Type of Training (check one)</u>		
Academic up- grading _____ (On Res.)	Academic up- grading _____ (Off Res.)	University Bachelor _____
Community College _____	University Master _____	University PhD _____

Complete the following questions as accurate as possible.

EDUCATION:

Please circle last formal grade lever completed: 7 8 9 10 11 12

Have you gone for further education since you left school? (Circle one) Yes No

If yes, was it one of the following?	Level Completed	Year	Institution
Adult Basic Education (ABE)			
General Education Development (GED)			
Adult Education Centre (AEC)			
Other (specify) _____			

If you have previously enrolled in any post secondary education of training please list (i.e. College, University, Training programs. Etc)

Institution	From MM – YY	To MM – YY	Partial or Completed	Programs/ Courses	How was program funded

Did you successfully complete the previous program? ___NO (go to A) ___Yes (go to B)

(A) Why did you withdraw from the program?

How many credits did you attain? _____

(B) If you have completed a program, what is your reason for re- applying for financial assistance?

Are you currently receiving Social Assistance? IF yes , give details (where, counselor, etc)

Are you currently on/or have you ever received EI Benefits in the last 3 years? Give details

Are you currently on/or have you ever been on a EI maternity/paternity claim in the last 5 years

Are you presently residing off reserve, and if so for how long?

EMPLOYMENT:

Please list your work experience beginning with your most RECENT job:

Previous Employer: _____

Address: _____

Job Title/Position: _____

Date (From /MM/YY to MM/YY) _____

Reason for Leaving: _____

What did you do at your job? _____

Previous Employer: _____

Address: _____

Job Title/Position: _____

Date (From /MM/YY to MM/YY) _____

Reason for Leaving: _____

What did you do at your job? _____

Previous Employer: _____

Address: _____

Job Title/Position: _____

Date (From /MM/YY to MM/YY) _____

Reason for Leaving: _____

What did you do at your job? _____

LETTERS OF RECOMMENDATION:

Please enclose at least two (2) letters of recommendation from references (other than relatives). People such as previous employers, teachers/professor, and volunteer placements supervisors. These recommendations may be used in making a final decision regarding your acceptance. Your application will not be considered without attached letter of recommendation.

STATEMENT OF INTEREST:

Why are you interested in this program? Have you done anything in the past to pursue your interest in the field?

AUTOBIOGRAPHY:

It is important that you write this autobiography yourself in your own words and handwriting. It should be a brief story of your life focusing on information that would be helpful to us in assessing you for funding spot. (Write your autobiography on 1 or 2 additional pages and attach it to this form. If there is no autobiography your application will not be considered.) Please include the following information:

- Where were you born and raised?
- Where did you receive your previous education?
- Describe your present family life and situation?
- How does your partner/family feel about you going to school?
- Describe some of your strengths and weakness?
- What is your involvement in the community?
- Please include any additional information that you feel is important.

I Understand the following conditions for sponsorship by the FISHER RIVER CREE NATION.

1. To **attend** classes regularly.
2. To **consult** with the **counselor** if any **problems** arise academically, emotionally, physically, and financially.
3. To meet the standards required by the institution for continuation in my program of studies.
4. To **provide** my **marks** and **reports** to the Counseling Services and to the Funding sources upon my **Counselor's request**.
5. To **adhere** to any **rules** and **regulations** as may from time to time be **advised** to me by the **counselor**
6. To accept **responsibility** for satisfying the **academic** or **training requirements** of the above institution and managing the education assistance funds to the best of my ability.

I **have read** this application for educational assistance **and agree** to the conditions as outlined.

Date

Signature of Student

Signature of Parent, if applicant is less than 18yrs

(Office use only)

COUNSELLOR'S COMMENTS AND RECOMMENDATIONS

I recommend____ OR I do not recommend____ This application for approval because

Date

Counselor's Signature

Date

Signature of Authorizing Officers Position

Financial Assistance Category (Office Use Only):

Allowance Category:

Current Fiscal

1. Training Allowance \$ _____ mo.x _____ mos.		
2. Tuition		
3. Books & Supplies		
4. Seasonal Travel \$ _____ one way.x		
5. Other		

Previous student months: _____

Current student months: _____

Bank: _____ **Branch#:** _____ **Account#:** _____