



**HIFN POST SECONDARY FINANCIAL ASSISTANCE APPLICATION**  
**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

**ANNUAL APPLICATION DEADLINE IS MARCH 1<sup>st</sup> FOR SEPTEMBER ENROLLMENT.**

*Late applications will be processed according to the date received and the available funds*

*APPLICATIONS FOR PROGRAMS WITH VARIABLE START DATES must arrive at Henvey Inlet First Nation at least three (3) months prior to program start date and are subject to availability of funds.*

*Students must complete and sign all sections of this application otherwise it will be returned to you as incomplete. If you would like clarification about something, please don't hesitate to call or email us. If some documentation is not available by the due date, please tell us what is missing and when you will be able to forward it to us*

- *Grade 12 Graduates do not need to submit grades or transcripts with their application.*
- *All students beginning a New Program must submit an outline/description of their program that includes the official length of the program and the number of credits required to graduate.*
- *Students returning to 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> year studies or who are beginning a new program must submit an official transcript with their application*
- *If you have questions or require assistance completing this form, please contact our office*

**USE THE APPLICANT CHECKLIST TO ENSURE THAT YOUR APPLICATION IS COMPLETE  
 BEFORE SENDING IT TO HIFN.**

*\*CONTACT HIFN EDUCATION TO ADVISE IF DOCUMENTS WILL ARRIVE AT A LATER DATE\**

**SECTION A**

**APPLICANT'S INFORMATION**

Last Name			First			Middle or Initial		
HIFN Status # _____			Date of Birth ____/____/____ MONTH DAY YEAR			Date of Application ____/____/____ MONTH DAY YEAR		
House or Apt #: _____			Telephone: _____			# of Dependents: _____ A current CCB OR OCB form must be included with your application.		
Street: _____			Alt Telephone: _____					
City: _____ Prov _____ Postal Code _____								
Email Address _____			PLEASE PRINT CLEARLY					
Alt email _____			Gender Identity			Preferred Pronouns		

**SECTION B DEPENDENTS**

A dependent child is a child who is under the age of 18, who is dependent on the applicant and; who is not in receipt of post-secondary funds from Henvey Inlet First Nation.

Please list the qualified dependents in the chart below and submit current CCB or OCB form.

Full Name	Relationship	Date of Birth	Age	List Documents Included

Note: the information that we rely on from the CCB and/or OCB forms are: your name and address, your child/ren’s names and birthdates, as well as the statement that you are responsible for their care. Also, the form must be from the current tax year. HIFN does not require your SIN number or the amount of your income so you can black-out this information if you prefer.

**SECTION C STUDENT PROFILE**

Please choose the category below that applies to you and circle your response.

I AM A NEW STUDENT: I have accepted and included my offer of admission. YES NO

I AM A MATURE STUDENT: I have accepted and included my offer of admission. YES NO  
 A Mature student is one who did not graduate high school but who has qualified for entry into a college or university program.

I AM A CONTINUING STUDENT entering: 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> year Other:

I AM A PROBATIONARY STUDENT entering: 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> year Other:

I AM A POST-SECONDARY GRADUATE applying for: Level 3 Studies Level 4 Studies

I AM A RETURNING STUDENT: I began my program on the following date \_\_\_\_\_, but had to step away from my studies before completing it. I would now like to complete my education.

TO TRANSFER TO ANOTHER INSTITUTION: complete Section F and contact HIFN Education staff

STUDENT # I AM ATTENDING : Full-Time Part-Time

**SECTION D PREVIOUS POST SECONDARY EDUCATION**

If you do not have any previous Post Secondary education, skip this part and proceed to Section E.

Provide your most recent enrollment below. If you were enrolled in programs prior to the one named in Section D, complete an Appendix A form, for each additional institution and enrollment.

Name of College or University	Name of Program
Province or Territory	
Dates Attended: From: To:	Did you graduate? YES NO Graduation Date:
Do you plan to complete this degree? If yes, when?	If not, why not?
Number of credits required to graduate? _____	Number of credits obtained? _____
Did you receive funding from Henvey Inlet First Nation for this program? YES NO	
<b>Official Transcripts and/or your Graduation Certificates must be submitted with your application.</b>	

<b>SECTION E</b>				<b>CURRENT APPLICATION</b>			
<b>Name of College:</b>			<b>Name of University:</b>				
Campus:			Campus:				
Address:			Address:				
City		Postal Code		City		Postal Code	
Program:			Program:				
Length of Program: 1, 2, 3, 4 yrs Other:			Length of Program: 1, 2, 3, 4 yrs Other:				
I am entering my: 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , yr Other:			I am entering my: 1st, 2nd, 3rd, 4th , yr Other:				
# of Credits earned:		# of Credits required:		# of Credits earned:		# of Credits required:	
Start Date:		Grad Date:		Start Date:		Grad Date:	
<b>CIRCLE PROGRAM TYPE</b>							
Certificate Program			YES	NO	Undergraduate: Bachelor Degree, Qualifying Year		
Diploma Program:			YES	NO	Graduate Studies: Master's, PhD, Post Doc		
<b>CURRENT REQUEST</b>							
I am requesting assistance for the following terms. FALL WINTER SPRING SUMMER				I am requesting assistance for the following terms. FALL WINTER SPRING SUMMER			
<b>NOTE: To receive assistance for Spring and/or Summer, a new application is required by March 1st each year</b>							
<b>SECTION F</b>				<b>REQUEST TO TRANSFER</b>			
Students who wish to <u>transfer to a different institution</u> must complete the following:							
<b>Previous Institution:</b>				<b>New Institution:</b>			
Program Name:				Program Name:			
Number of Credits earned:				Number of approved Transfer Credits:			
I was sponsored by Henvey Inlet FN: YES NO				Number of Credits required to graduate:			
I attended ____ Semesters I attended __ Years				Length of Program: 1 yr 2 yr 3 yr 4 yr Other:			
I attended:		Full-Time		Part Time		I will attend:	
Start Date:		End Date:		Start Date:		Grad Date:	
I received OSAP:		YES NO		I have applied for OSAP:		YES NO	
I have included my Official Transcript: YES NO				I have included my letter of Acceptance: YES NO			
Will submit Official Transcript by:				Will submit Acceptance Letter by:			

<b>SECTION G</b>		<b>ESTIMATED FEES</b>	
<i>( If current fees are not available, please use fees charged last year)</i>			
<b>COLLEGE APPLICANTS</b>		<b>UNIVERSITY APPLICANTS</b>	
ANNUAL TUITION		ANNUAL TUITION	
REQUIRED BOOKS		REQUIRED BOOKS	
ANNUAL PARKING or BUS		ANNUAL PARKING or BUS	
TECHNICAL SUPPLIES		TECHNICAL SUPPLIES	
<i><b>Note:</b> Technical Supplies refer to such things as Stethoscopes, Uniforms, Art Supplies, Safety Boots, specific Tools or Equipment. It does not include regular items such as school bags, paper, pens, etc.</i>			
I have applied or will apply for OSAP: YES NO		I have applied or will apply for OSAP: YES NO	

<b>SECTION H</b>		<b>LIVING IN RESIDENCE</b>	
I've arranged to live in Residence for _____ months. Fees for this time period are: \$			
Please provide start and end dates:			
I am registered as a Full-Time student: YES NO			
I have included my signed Residence Contract: YES NO. If not, please explain why not.			
<b>I understand and agree with the following statements regarding Residence:</b>			
<ol style="list-style-type: none"> <li>1. That my Living Allowance will be used to pay for my Residence fees.</li> <li>2. If the cost of living in Residence is greater than the amount of my Allowance, I am responsible to pay the outstanding amount.</li> <li>3. I also understand that if the cost of living in Residence is less than my Living Allowance, I will receive the balance of my Allowance, in monthly installments once my Residence fees are paid in full.</li> </ol>			
Signature: _____		Date: _____	

**As part of my request for Post Secondary Financial Assistance,**

I declare that the information provided in this application and Appendix A (if required), is true and complete. I understand that any missing information will delay the processing of my application. I have read and agree to comply with the HIFN Post-Secondary Education Assistance Policy. I understand that failure to do so may result in a loss of current and/or future post-secondary funding.

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

<b>SECTION I APPLICATION CHECKLIST</b>		
<i>Please indicate which of the required documents you have provided OR when you will provide them</i>		
<b>ALL 1st YEAR STUDENTS (At All Levels) AND STUDENTS NEW TO HIFN must submit the following:</b>		
<b>YES</b>	<b>DOCUMENT</b>	<b>DELIVERY DATE</b>
	Offer of Admission and Confirmation of Acceptance	
	Official Program Description that includes the length of time required to graduate from the program.	
	The institutions' definition of Full-Time studies	
	Graduation Diploma for students applying for Level 3 or 4 Studies	
<b>DOCUMENTS REQUIRED FROM ALL STUDENTS</b>		
	Tuition invoice or estimate – can use last year's fees if necessary	
	HIFN Authorization to Release Information – signed & dated	
	College or University's Authorization to Release Information, OR, confirmation that the college/university does not have such a form.	
	Copy of status card. Please copy both sides at actual size, not larger.	
	Direct deposit form from your bank.	
	Course schedule as soon as it is available.	
	Most recent e-grades, OR most recent Post-Secondary Transcript (Not high-school transcripts)	
	Signed copy of Residence Agreement (if you plan to live in residence).	
	Parents/guardians: include most recent CCB and/or OCB form.	
<b>ADDITIONAL DOCUMENTS REQUIRED FROM GRADUATE &amp; POST GRAD STUDENTS</b>		
<b>YES</b>	<b>DOCUMENT</b>	<b>DELIVERY DATE</b>
	Confirmation of registration as a full-time student	
	Progress report signed by Thesis Advisor/Supervisor: must provide a new report every 6 months and it must include an expected Graduation Date	
	Annual Official Transcript	

*Optional: I give Henvey Inlet First Nation Education staff, permission to collect non-identifying information from my academic record for the purpose of statistical analysis. Yes \_\_\_ No \_\_\_*  
*Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

**Please submit your application in one of the following ways:**

1. Mail to: Henvey Inlet First Nation 295 Pickerel River Rd. Pickerel, ON P0G 1J0 or
2. Email to: [education@henveyinlet.com](mailto:education@henveyinlet.com) Use Current Year PS APPLICATION in the SUBJECT LINE Example: 2025 PS APPLICATION
3. Or Fax your application to 705-857-2331

***If you have questions regarding your application, please call 705-857-2331 Ext 229.***



**DO NOT return APPENDIX A UNLESS you have additional Post-Secondary Education to report.**

<b>APPENDIX A</b> <b>Use to list Additional Previous Post-Secondary Enrollment not included in Section D.</b>	
INCLUDE ALL PREVIOUS EDUCATIONAL ENROLLMENT WHETHER COMPLETED OR NOT.	
<b>Complete one APPENDIX A for each institution – copy Appendix A if required.</b>	
Name of College or University	Name of Program
Province or Territory.	
Dates Enrolled From: _____ To: _____	Did you graduate? YES NO Graduation Date: _____
Do you plan to complete this degree? YES NO If yes, when?	If not, why not?
# of semesters _____ OR years completed _____	Number of credits obtained?
Did you receive funding from Henvey Inlet First Nation for this program? YES NO	
<b>Official Transcripts and/or Graduation Certificates must be submitted with your application.</b>	
<b>APPENDIX A</b> <b>Use to list Additional Previous Post-Secondary Enrollment not included in Section D.</b>	
INCLUDE ALL PREVIOUS ENROLLMENT WHETHER COMPLETED OR NOT.	
<b>Complete one APPENDIX A for each institution – copy Appendix A if required.</b>	
Name of College or University	Name of Program
Province or Territory.	
Dates Enrolled From: _____ To: _____	Did you graduate? YES NO Graduation Date: _____
Do you plan to complete this degree? YES NO If yes, when?	If not, why not?
# of semesters _____ OR years completed _____	Number of credits obtained?
Did you receive funding from Henvey Inlet First Nation for this program? YES NO	
<b>Official Transcripts and/or your Graduation Certificates must be submitted with your application.</b>	



## HENVEY INLET FIRST NATION

### Authorization to Release Information

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

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

#### **Office of the Registrar/Student Accounts**

To Whom It May Concern:

I hereby authorize the above-named institution to release the following documents and information to the Henvey Inlet Education Department.

- My student financial information
- My academic records

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

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

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

Documents can be emailed to : [education@henveyinlet.com](mailto:education@henveyinlet.com) or sent via Fax to 705-857-3021. If additional information is required, please contact [education@henveyinlet.com](mailto:education@henveyinlet.com).

**This consent remains in effect until July of the current academic year.**

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

*Henvey Inlet First Nation, 295 Pickerel River Rd., Pickerel, ON, P0G 1J0  
705-857-2331*