

MATAWA POST SECONDARY STUDENT APPLICATION PACKAGE

Matawa Post-Secondary Program (MPSP) provides Post-Secondary assistance on behalf of the following First Nations: Aroland, Ginoogaming, Long Lake #58, Neskantaga and Webequie. The MPSP provides financial assistance to eligible students towards the cost of their Post-Secondary education.

ALL STUDENTS, continuing and new, are required to submit a new application each term, according to the following deadline dates:

DEADLINE DATES FOR APPLICATIONS

May 15th	Fall Term	September to December
May 15th	Fall – Winter Terms	September to April
November 1st	Winter Term	January to April
March 31st	Spring & Summer Terms	May to August

APPLICATION PROCEDURES

In order to process your application, please read the following and send required documents and completed application to the MPS office by the deadline dates.

Unless otherwise noted please send or scan/email **original copies only** – screen shots will not be accepted.

- Matawa Post-Secondary Application Form (completed and signed).
- Consent to Request & Release Form (completed & signed).
- Signed Student Rights & Responsibility Form.
- Copy of Status Card
- Banking information (Void Cheque or Direct Deposit/Pre-Authorization Form from your bank will only be accepted.)
- A letter of Acceptance from a College/University with course/program outline.
- Written summary of your educational and career goals.
(For new applicants only. Please contact MPS Office should you require more information about this written summary.)



Additional information required and may be submitted after the deadline but preferably attached to the application.

- Secondary School Transcript
- Evidence of satisfactory completion of last MPSP sponsored course(s)/program.
- Tuition fee statement
- **RESIDENCE / MEAL PLAN** – If you plan to stay in residence please send a written request to the MPS office with a copy of your residence- meal plan agreement. Contact the MPS office for the maximum allowable rates.
Please note that those students who opt to stay in Residence will not receive a monthly Education Allowance
- **MODULAR** students only – Contact the MPS office for more information about Modular requirements and allowable rates.
- **PRIVATE SCHOOLS** – Contact the MPS office to find out if your school is eligible.
- **Dependant information** – if you are claiming a dependant(s) please attach a copy of the child(ren) status card or health card. Up to 18 years of age if attending school. (Proof of school attendance may be required.)

Any missing documents may either delay the process of your application or cause you to miss the deadline dates. ***It is the applicants' responsibility to contact the MPS office to ensure application and information have been received.*** If you are having problems with completing or accessing any of the required documents please contact the MPS office.

Should you require a copy of the MPSP Policy please contact the MPS office staff.

The MPS Advisory / Board will meet *two weeks after each deadline date* to review the applications. All students will be advised if they have been approved or not approved *within two weeks after* the MPS student funding selection meeting.

Applications can be scanned and emailed to cperras@matawa.on.ca or mailed to:

Matawa Post-Secondary Program
200 N. Lillie Street
Thunder Bay, ON. P7C 5Y2
Fax to: (807) 768-3301

**For more information, please contact the Matawa Post-Secondary Staff at:
Tel: (807) 768-3300 –Toll free: 1-888-283-9747 – Cell: (807) 632-7192**



MATAWA POST-SECONDARY PROGRAM

200 N. Lillie St, Thunder Bay, ON P7C 5Y2 / Phone: (807)768-3300 Fax: (807)768-3301

STUDENT INFORMATION				
(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)				
NAME: (Please print)				
10-digit Band Number (status card)		First Nation		Application Date
Gender: MALE / FEMALE / OTHER		Preferred pronouns:	Reserve Residence: ON or OFF	Resided in Canada for the last 12 months? YES or NO
Date of Birth:		Student #:		S.I.N.:
Email: <small>(Mandatory for all communication with MPS)</small>				
Permanent Address Street/PO Box: City: Postal Code: Home phone:			Address While At School Street/PO Box: City: Postal Code: Cell phone:	
Emergency Contact Name:			Phone Number:	
Check one: Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/>				
(if applicable) Spouse Full Name:			Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>	
IF CLAIMING DEPENDANTS: provide copy of identification of all eligible children (under 18 in school)				
Name:		Name:		
Date of birth:		Date of birth:		
Name:		Name:		
Date of birth:		Date of birth:		
EDUCATION PLAN				
Fall/Winter <input type="checkbox"/>		Spring/Summer <input type="checkbox"/>		Winter Term <input type="checkbox"/>
September to April		May to August		January to April
				Summer Term <input type="checkbox"/>
				July to August
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Modular <input type="checkbox"/>				
COLLEGE: Certificate <input type="checkbox"/> or Diploma <input type="checkbox"/> UNIVERSITY: Bachelor's Degree <input type="checkbox"/>				
GRADUATE: Master's Degree <input type="checkbox"/> DOCTORAL: Doctorate Degree <input type="checkbox"/>				
Program Course Name:		Institution:		Address/Location:
Duration of Program (circle # of years) 1 2 3 4 5	Current Year of Study (circle the year you are in) 1 2 3 4 5	Academic Period for this Application ____/____/____ TO ____/____/____ M D Y M D Y		Expected Date of Graduation ____/____/____ M D Y
High School Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>			Last year attended High School: Grade: _____	
Previous Post-Secondary Education or Training (if applicable)				
Institute	Program	Dates Attended	Funded By	Completed

I declare that all of the above information is complete, true and accurate. I agree to inform Matawa Post-Secondary of any changes which may affect my eligibility for allowance. I also declare that I have read and understood all definitions, rules and guidelines of this Application.

Signature: _____ Date: _____

FOR OFFICE USE: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Partially Approved <input type="checkbox"/>	
MPS Signature: _____	Date: _____



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CONSENT TO REQUEST AND RELEASE INFORMATION		
Surname	First Name	Middle Name
Student Number	Date of Birth	
Educational Institute	Address	

A. Modular Student

Please provide a letter from your employer stating what type of financial support they are providing to you while in attendance with your modular program (ie: travel, accommodations, meals, other.)

B. Consent to REQUEST information

I, _____ provide my consent, as required, by Matawa Post-Secondary Policy to allow the Matawa Post-Secondary Program Coordinator to request copies of information from employers, institutions and other funding agencies. This consent is intended to allow the Matawa Post Secondary Staff to verify information in order to determine my eligibility to receive Education Assistance.

C. Consent to RELEASE information

I, _____ provide consent as may be required, by the Matawa Post-Secondary Policy to allow the Matawa Post-Secondary Office to release information and provide copies of documentation to employers, institutions and other funding agencies. This consent is intended to allow the Matawa Post-Secondary Program to provide information so that my eligibility for assistance may be determined.

D. SIGNATURES:

This signed consent is valid until _____, 20_____.

Signature: _____ **Date:** _____

Applies to common-law / married applicants:

I, _____ am the partner of _____. I have read and understood this document and by this authorization I provide my consent, as may be required by the Matawa Post-Secondary Policy, to allow Matawa Post-Secondary staff to request and release information about myself to government agencies in order to determine my partner's eligibility to receive Educational Assistance.

Signature of Partner: _____ **Date:** _____



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Should you require a copy of the MPS Policy, please contact the MPS Office

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 MPS staff
- To discuss extenuating academic circumstances without fear of reprisal
- To have any post-secondary 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 MPS policies, changes, and procedures
- To comply with MPS policies and procedures
- To treat program staff, faculty staff and students with respect
- To provide program/course documentation on schedule throughout the academic year. This includes Semester Timetables, Mid-Term Marks, Final Grades and Transcripts.
- 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 maintain a minimum 2.0 Grade Point Average (GPA)**
- To contact the MPS Office and check in once every two weeks via phone, email, text, voicemail
- To consult with MPS staff prior to withdrawal from a course/program
- To keep MPS staff informed of any changes to: bank information, email address, mailing address, contact number
- To not enter the Matawa Education Department building under the influence of alcohol/illicit drugs

I, _____ (print name) have read and understand my rights and responsibilities as a sponsored student with Matawa Post-Secondary.

Student Signature

Date: _____

MPS Coordinator/Counselor/Staff Signature

Date: _____