

Chippewas of the Thames First Nation
Board of Education



2022-2023 Post-Secondary Bursary and Assistance Program

Guidelines and Application

The Bursary and Assistance Program is administered through the COTTFN Post-Secondary Program
Applications are due on or before: April 1st, August 1st, and November 14th
Chippewas of the Thames First Nation Board of Education — 324 Chippewas Rd, Muncey, ON N0L 1Y0
T: 519-289-0621 F: 519-289-0633 E: postsecondary@chippewa-ed.on.ca



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Chippewas of the Thames First Nation Board of Education Post- Secondary Bursary Assistance Program Guidelines

RATIONALE:

COTTFN Board of Education Bursary Assistance Program was set up to help alleviate some of the financial stress post-secondary students may experience. Through the interest earned from the Big Bear Creek Trust it has been established that these funds are to be disbursed to Chippewas of the Thames First Nation post-secondary students. The Bursary and Assistance Program recognized that student's experience many trying moments when they are away from home and even when they are attending school locally. Taking on a new program or trying to complete an unfinished program any number of situations can arise. The bursary program is meant to assist students in as many financial circumstances as possible both young and more mature, reach their post-secondary education dreams.

ASSISTANCE:

Students applying for assistance may be granted a Bursary based on documented financial need in the amount specified in each category. The Benevolent Fund is set for emergency and extenuating circumstances that have occurred which are preventing you from being successful in your program. In each one of these situations the determination will be assessed by the Post- Secondary Counsellor, and will provide recommendations to the Board of Trustees based on documented individual financial need. Students approved for bursary assistance for tuition, living allowance and books will only be funded per semester and not a full year. If a student funded under the bursary for tuition, living allowance and books in good standing their funding will be transferred to the Post-Secondary Program. The decision of the Board of Education Trustees will be final and there will be no appeal process.

ELIGIBILITY:

Students who are registered members of the Chippewas of the Thames First Nation, including students who are living in the United States, as documented by the COTTFN Administration office. Proof of such will be required in the form of a copy of status card or a current letter from Membership at the Chippewas of the Thames First Nation Administration office. Students must also produce proof that they are attending a higher learning institution. (i.e. acceptance letter)

Students accessing the Bursary and Assistance Program are eligible for funding once per year, which includes Emergency assistance. It is not required that students be part of the COTTFN Post -Secondary funding program, we welcome all members in a higher education program apply for the assistance as per guidelines per category.

APPLICATIONS:

Applications will be available at the Education Office, Administration Office, Employment and Training office as well as online at www.cottfn.com. If you would like to have an application mailed to you, please send a note along with a self-addressed envelope to:

Post-Secondary Bursary and Assistance Program
Chippewas of the Thames FN
Board of Education
324 Chippewa Road,
Muncey, ON N0L 1Y0

Applications are due on or before: **April 1st, August 1st, and November 14th**. All funding requests must pertain to current school year. Applications can be faxed, scanned or emailed (postsecondary@chippewa-ed.on.ca) all applications



must be RECEIVED AT THE OFFICE on the day of or before the due date. No late applications or supporting documentation will be accepted. Original application must be mailed or delivered to our office. You will be notified that your application has been received either by telephone, email or mailed receipt. Please ensure your current working email, mailing address and telephone number is on file so you can be contacted. No other notifications will be sent until the final decisions are made, if you have questions or wonder if your application has been received, please make sure to call the office within office hours of 8:30 – 4:30 Monday to Friday (closed statutory holidays).

When applying for the Benevolent Fund please ensure you have completed your statement of need and included as many details as possible in order to help the team guide their decision regarding your situation. You are not required to disclose any details you are not comfortable with however all forms will be held in complete confidence as well as locked in the office. You will be notified by telephone and mail of the final decision of the Bursary Assistance team.

While the process of application may seem rigorous the Chippewas of the Thames Board of Education has substantial responsibilities to ensure that a bursary is awarded with equity, confidentiality, and compassion in all instances.

Applicants must submit a statement of financial need to include as many details as possible such as:

- Clear introduction
- Challenges that you currently face
- How student has tried to solve some of these challenges
- Past/present academic success
- Past/present extracurricular activities
- Student talents and unique gifts
- How the financial aid will help student achieve specific objectives
- explanation on how the funds will be spent.
- Documentation of financial information (i.e. quotes, receipts)

Student must provide proof of financial need through bank statements, quotes for proposed expense, evidence of outstanding bills, evidence of financial commitment, and lack of financial options.

The board of education staff and/or trustees reserve the right to authenticate all information pertaining to the application prior to any decision being given. Once you have sent your application in you agree to the terms of authentication.

STUDENT RESPONSIBILITY:

It is the student's responsibility to fully complete and submit this application with all required documentation. The completed application needs to reach the Board of Education office either on or before the due date listed in the category you are applying for. Any applications received after 4:30 pm (EST) on the due date will not be processed however you will be able to reapply for the next deadline date for consideration.

If there is any portion of the application you do not understand it is your responsibility to make contact with the Education office to get assistance completing your applications. Education staff is not permitted to alter or complete the applications in any way on behalf of applicants.

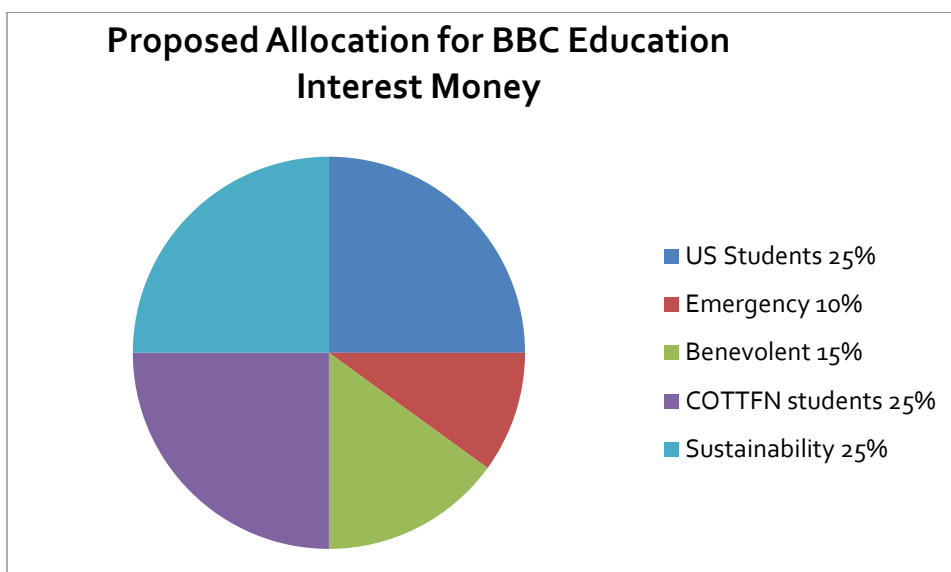
Currently the Board of Education Trustees have proposed these possible categories for the fund:

1. **COTTFN International Students** a fund to provide Chippewas of the Thames member students living other countries an opportunity to apply for post-secondary assistance.
2. **Emergency** is a fund set aside to assist students when dealing with things outside of your control and life-changing situations.
3. **COTTFN Students** while being funded students still fall very short of the mark when it comes to having enough money to cover all expenses. Eg. technology, rent, parking etc.



4. **Benevolent Fund** provides financial aid to meet short- term basic needs of students necessary for physical, emotional, educational, and spiritual well-being will attending school.

5. **Sustainability** is the fund where the long term planning is taking place. The Board would like the fund to be in place for a long time and this amount will be rolled into the next year in order to continue to plan for the future.



Please read examples listed in each fund to determine the fund that is most applicable to you. The following are examples but not limited to. If you are unsure please contact the post-secondary counsellor. In case of an emergency please contact the Education Office as soon as possible.

<p>BENEVOLENT</p> <ul style="list-style-type: none"> • tuition, book expense, living allowance • tuition to non-traditional education institutions • technology (electronics, laptop etc.) • software • childcare • travel • association fees i.e.) ONECA, OCT ext. • internet data • print fees • assisted technology 	<p>COTTFN INTERNATIONAL STUDENTS (<i>Living outside of Canada</i>)</p> <ul style="list-style-type: none"> • tuition • living allowance • book/supplies • travel • parking • tutoring • additional fees • professional fees
<p>COTTFN STUDENTS</p> <ul style="list-style-type: none"> • travel/ parking • rent • professional fees • school/program related workshops/conferences (outside of regular institution) • late & application fees • tutoring • co-op/placement costs • internet/data • printing fees • travel for ceremony purposes 	<p>EMERGENCY</p> <ul style="list-style-type: none"> • a loss in the family or critical illness (travel) • traditional healing/mentoring/mental health 'breaks' • unexpected fees from rent, childcare, • books/supplies, tutoring • natural disaster, flood/water damage • personal (household) emergency • car breaks down • illness/medication, food/ special diet



Application Checklist

This application and required document checklist is provided to assist students in applying for the Bursary Assistance Program. If any of the required documentation is not submitted at the time of your application it will not be processed.

- ▲ PROOF THAT YOU ARE A REGISTERED BAND MEMBER OF THE CHIPPEWAS OF THE THAMES FIRST NATION. (COPY OF STATUS CARD)
- ▲ IF YOU ARE NEW TO CHIPPEWAS OF THE THAMES FIRST NATION REGISTRY YOU MUST PROVIDE A LETTER FROM MEMBERSHIP THAT YOU ARE A REGISTERED MEMBER.
- ▲ PROOF YOU ARE ATTENDING A POST-SECONDARY INSTITUTION.(COPY OF ACCEPTANCE LETTER)
- ▲ RECENT GRADES IF ATTENDING A SCHOOL CURRENTLY.(CAN BE AN UNOFFICIAL TRANSCRIPT)
- ▲ COPY OF QUOTES TO SUPPORT FUNDING REQUEST. (IE QUOTE FOR LAPTOP, SOFTWARE, AND CAR REPAIRS, ETC.) OR RECEIPTS (IE RENT, UTILITIES, PARKING)
- ▲ COMPLETE BUDGET TEMPLATE FORM.
- ▲ SIGNED CONSENT TO RELEASE OF PERSONAL INFORMATION
- ▲ PROVIDE LETTER OF SUPPORT FROM A TEACHER, PARENT, OR FRIEND.
- ▲ ORIGINAL APPLICATION MUST BE MAILED OR DELIVERED TO THE EDUCATION OFFICE

FOR YOUR INFORMATION ONLY – DO NOT RETURN

For application assistance please contact:

Debbie Dolson-Young
Post-Secondary Counsellor
Chippewas of the Thames First Nation
Board of Education
324 Chippewa Road
Muncey, ON
N0L 1Y0
T: 519-289-0621
F: 519-289-0633
E: ddolson@chippewa-ed.on.ca
Facebook: post -secondary Chippewa



****APPLICATION FORMS ARE PRIVATE AND CONFIDENTIAL WHEN FILLED OUT****

CHIPPEWAS OF THE THAMES FIRST NATION BOARD OF EDUCATION POST SECONDARY BURSARY AND ASSISTANCE PROGRAM APPLICATION

PLEASE INDICATE THE FUND YOU ARE APPLYING FOR:

COTTFN INTERNATIONAL STUDENT

BENEVOLENT

COTTN STUDENT

Applicants Name:	Telephone:	Date of Application: (yy/mm/dd)
Street Address:	EMAIL: (must be valid)	Date of Birth: (yy/mm/dd)
City: Province: Postal Code:	Gender: (circle) Male / Female	Band Registry #: 1660 _ _ _ _ _
Academic Period for this application: Start date: _____ End date: _____ Date of Graduation: _____	Enrollment: (circle) NEW STUDENT CONTINUING STUDENT RE-ENROLL	Student Profile: (circle) Single Parent with dependents Student with spouse/dependents Single Student away from home Single Student living with parent
Program of Study:	Institution Name:	Length of Program: _____ Current year of study: _____
Attendance: Full time / Part Time	Delivery Method: Class/ On-line/Combined/Distance	Program Level: (circle) Level 1 – College –Diploma/Certificate Level 2 – Undergraduate B.A. Level 3 - Graduate/Professional i.e. M.A., M.D. Level 4 – Doctoral i.e. Ph.D.

OTHER TRAINING AND/OR EDUCATIONAL PROGRAMS COMPLETED, PLEASE LIST: (must be completed)

Institution	Course of Study	Length of Course	Funded by	Certificate/Diploma/Degree Obtained



1) Please provide the details of your education plan. (max. 100 words)

2) Explain the steps you will take to reach those goals and how the **CHIPPEWAS OF THE THAMES FIRST NATION BOARD OF EDUCATION POST SECONDARY BURSARY AND ASSISTANCE PROGRAM** will assist you in reaching your goals. Provide a statement of financial need. Provide an explanation on how the Bursary and Assistance funds will assist you to meet your educational goals.

3) If the funds do not cover your needs, what is your plan to make up the rest? (i.e.) OSAP, Indspire, Financial aid, etc.

4) Provide a draft budget with the amount requested with as many supporting documents as possible (i.e.) course outline, rent, quotes, receipts etc. (Sample budget Appendix B) Describe in detail your financial request.

5) Please provide 1 letter of support regarding your application (sample letter Appendix A)

6) If you are successful, at the end of the year no later than April 30th you will be required to follow up on the disbursement of funds and you will be required to show how the funds helped you.

*****Failure to submit a final report can jeopardize any further education funding****

The board of education staff and/or trustees reserve the right to authenticate all information pertaining to the application prior to any bursary being granted. Submission of an application implies agreement to the terms of authentication.

DECLARATION: I acknowledge the information I have submitted is true and accurate to the best of my ability. I understand submitting information that cannot be supported can and will affect my eligibility to be further funded by education dollars.

Student Signature

Date



**CHIPPEWAS OF THE THAMES FIRST NATION BOARD OF EDUCATION
POST SECONDARY BURSARY AND ASSISTANCE PROGRAM APPLICATION FOR
EMERGENCY FUNDING APPLICATION**

Applicants Name:	Telephone:	Date of Application: (yy/mm/dd)
Street Address:	Email:	Date of Birth: (yy/mm/dd)
City: Province: Postal Code:	Gender: (circle) Male / Female	Band Registry #: 1660 _ _ _ _ _
Current School Attending: _____ Program of Study: _____	Length of Program: 1 2 3 4 (circle) Current year of study: 1 2 3 4	Student Profile: (circle) Single Parent with dependents Student with spouse/dependents Single Student away from home Single Student living with parent

1) Please briefly explain what your emergency.

2) Please outline the amount you are requesting with supporting documentation.

3) Once your emergency ends please explain how the funds assisted you.

DECLARATION: I acknowledge the information I have submitted is true and accurate to the best of my ability. I understand submitting information that cannot be supported can and will affect my eligibility to be further funded by education dollars.

Student Signature

Date



Consent to Release of Personal Information

The completion and signing of this form by the student provides consent and permission to the _____
_____ (Name of School) to share the personal information identified below with an authorized
representative of Chippewas of the Thames First Nation Board of Education Post- Secondary office as listed below as
third parties for the indicated period of time.

Student Information

Student Name: _____ Student Number: _____

Phone Number: _____ Date of Birth: _____

Academic Year: _____ Program: _____

Chippewas of the Thames Board of Education Post-Secondary Office Third Party Information

Name: Debbie Dolson-Young Position: Post-Secondary Counsellor

I, _____ (student name) consent to the release of information to an authorized
representative of Chippewas of the Thames First Nation Post-Secondary Office (indicated with a check mark)

- ✓ Determine eligibility
- ✓ Verify eligibility
- ✓ Collection of information about me, my spouse/partner, my dependents, and/or any children in my care
- ✓ Attendance
- ✓ Academic progress reports, transcripts, grades, GPA
- ✓ Teacher's Comments
- ✓ Discipline Record
- ✓ Enrolment Status
- ✓ Funds received, OSAP payments, payments, restrictions.
- ✓ Student Account (tuition fee, residence fee, school bursary or grants received)

I further consent to the exchange of information with any service provider offering assistance within the mandate of the
Chippewa of the Thames First Nation Board of Education Post-Secondary Program pertaining to paragraph 1 to verify my
eligibility for educational assistance.

Time Period during which information may be shared

Start Date: _____ End Date: _____
(MM/DD/YYYY) (MM/DD/YYYY)

I have read and understand this consent for the release of information. With my signature below, I authorized the release
of to the person(s) named on this form, during the time period indicated, the identified information pertaining to my
enrollment as a student with the Chippewas of the Thames First Nation Board of Education Post-Secondary program.

Student Signature

Date

*The information you provide and any other information placed in a student file will be protected and used in compliance with the
Ontario's Freedom of Information and Protection of Privacy Act and will be disclosed on in accordance with this Act.*



Appendix A

Sample Support Letter

[Your Name]
[Street Address]
[City, ST ZIP Code]

[Date]September 5, 2020

[Recipient Name]
[Title]
[Company Name]
[Street Address]
[City, ST ZIP Code]

Dear [Name of Recipient]:

[Short introduction paragraph – include a brief statement about who you are and the purpose of the letter]

[Provide details and facts about your relationship to the person being recommended as well as facts about the individual including positions, employment dates and responsibilities.]

[Provide a statement about whether or not the individual is qualified or recommended by you.]

[Provide examples that support your recommendation.]

[Close the letter by summarizing your recommendation and stating whether you would be willing to further communicate with the recipient.]

Sincerely,

(Your Name)



Appendix B

STARTER BUDGET WORKSHEET FOR STUDENTS			
CATEGORY	MONTHLY	SEMESTER	YEARLY
Income:	BUDGET	BUDGET	BUDGET
from jobs			
from parents			
from student loans			
from scholarships			
from financial aid			
miscellaneous income			
Income subtotal:			
Expenses:			
rent			
utilities			
childcare			
tuition			
groceries			
car			
insurance			
gasoline/oil			
car maintenance			
entertainment			
books			
computer			
cellular phone			
miscellaneous expenses			
expenses subtotal:			
NET INCOME (income -expenses)			