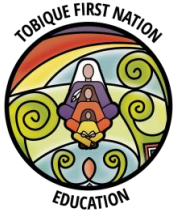




TFN POST SECONDARY EDUCATION PROGRAM APPLICATION PACKAGE

REVISED JULY 2020



CONSENT & DIRECTION FORM

Tobique Post-Secondary Education
13100 Route 105 Unit#2
Tobique First Nation, NB
E7H 3Y2

(506) 273 5543 Fax: (506) 273 5547

Toll Free: 1 888 369 2222

Email: rbernard1@outlook.com

Consent & Direction

To: _____ (Name of Educational Institute)

I, _____ authorize the above institute to release any pertinent information from my records that the Tobique Post-Secondary Education Department may require from time to time. This may include, but is not limited to academic and/or financial information for this academic year _____.

STUDENT NUMBER: _____

STUDENT MAJOR: _____

STUDENT SIGNATURE: _____

DATE: _____



APPLICATION FOR FUNDING

Tobique Post-Secondary Education

13100 RT 105 Unit #2 Tobique First Nation, NB E7H 3Y2

(506) 372 5543 Fax (506) 273 5547 Toll Free 1 888 369 2222

Email rbernard1@outlook.com

Name: _____

Address: _____

Band #: _____

Home Phone #: _____ Alternate Phone #: _____

Email Address: _____

SIN #: _____

Institute Applied To: _____

Desired Major: _____

Year of Study: _____

Date: _____

Signature: _____



STUDENT AGREEMENT/CONTRACT

This is a letter of agreement/contract between _____

(Print Name)

And the Tobique First Nation (TFN) Post-Secondary Education (PSE) Program.

I hereby declare that I have discussed the guidelines with the TFN PSE Program Manager and am fully aware of my responsibilities as a student receiving post-secondary educational funds.

I assume full responsibility for satisfying the academic requirements of the institution of record and for managing my funding in a responsible and capable manner.

Should I voluntarily discontinue my studies, or have my academic activities discontinued by the institute attended, I will not be considered for subsequent funding until the matter is resolved with the TFN PSE Program Manager.

I understand that the TFN PSE Program is not obligated to honor any tuition, fees, residence or other debts for which I have received payment and for which I am in default.

I am required to carry 12 credit hours per semester to be considered a full-time student and to receive any monthly allowance, unless approved otherwise.

Student Signature: _____

Date: _____

TFN PSE Program Manager: _____

Date: _____

Tobique Post-Secondary Student Information Sheet

Full Name: _____

Last

first

band #

Address:

Street Address

Appt. /Unit #

Living

On Campus

Off Campus

Home Phone : () _____ Alternate Phone: () _____

Email Address: _____

SIN: _____

Date of Birth: _____ Marital Status (Circle one): Single / Married / Common Law

Spouse's Name: _____ Spouse Work Y / N Circle One

Spouse's Employer: _____ Phone: () _____

Family information

Name _____ DOB _____

Dependents: _____

Bank Information

Institute: _____

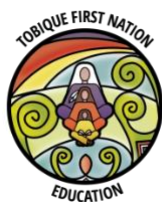
Branch: _____ Account # _____

Academic Information

Institution Name _____

Faculty / Major _____

Current Year of Study _____



CONDITIONS OF AGREEMENT FORM

1. Students must be a resident of Canada 12 months consecutively before applying for school.
2. You must make every effort to successfully complete the course. If problems exist, you must contact the PSE Program Manager immediately for support.
3. You must attend all classes unless excused by the Institution.
4. Absences will be reviewed and investigated and may be grounds for termination if your transcript reflects a problem.
5. Termination will result if you are expelled from your courses; withdraw from the course or complete the course ahead of schedule and no longer require financial assistance.
6. Financial assistance is provided to you on your behalf for actual costs incurred only.
7. You are responsible to ensure that all receipts and tuition bills are forwarded to the PSE Program Manager for reimbursement or payment.
8. If you fail to successfully complete your course for reasons unacceptable to the program, you may be required to repay some or a portion of financial assistance provided to you by our department for purposes of this agreement.
9. Any financial assistance paid to you is subject to the availability of funds provided by Canada to the TFN and may be cancelled or reduced if TFN funding is cancelled or reduced.
10. You must achieve an academic average acceptable by the school each semester to maintain your financial assistance. However if you do not achieve this you will be put on academic probation for the following semester. If your grades do not meet the required average by the following semester your funding will be terminated.
11. You are required to submit a completed application for financial assistance for each semester you are attending at a Post-Secondary institute. Please consult the student handbook or application package to ensure that these applications are submitted according to our policy deadline dates. **June 30th and Nov 30th ARE THE DEADLINES FOR SUBMITTING SEMESTER TRANSCRIPTS.**
12. You cannot change schools in the middle of your school year and any changes must be approved through the service provider.
13. School must be on the list of institutes accepted by TFN.

Please sign at the bottom to prove you have read and agreed to the above mentioned conditions.

Signature _____

Date: _____