



# OXFORD HOUSE FIRST NATION BOARD OF EDUCATION

Oxford House, Manitoba  
R0B 1C0  
Telephone: (204) 538-2051  
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## POST SECONDARY SPONSORSHIP APPLICATION FORM

### SECTION 1 PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Band/Treaty #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Marital Status:  Single  Separated  Divorced  Married  Common Law

Living status:  ON RESERVE  OFF RESERVE

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 2 FAMILY INFORMATION: (COMPLETE IF CLAIMING DEPENDANTS)

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

For the period I am applying for assistance, my spouse:

Will live with me  Will be a full-time student  Will be employed

If yes, who is the sponsor/employer: \_\_\_\_\_

Dependants Name: (note: spouse is not a dependant)	Date of Birth: Year/Month/Day	Lives with me:	Grade In School:
1. _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
2. _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
3. _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
4. _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
5. _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
6. _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

**SECTION 3 ACADEMIC BACKGROUND**

Highest Grade Completed: \_\_\_\_\_ Year: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Last Post-Secondary Institution Attended: \_\_\_\_\_

Diploma/Certificate/Diploma Attempted: \_\_\_\_\_

Completed: \_\_ YES \_\_ NO

If not completed, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Educational Institutions attended:

NAME	PROGRAM	DIPLOMA/CERTIFICATE	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*\*LATEST TRANSCRIPTS MUST BE ATTACHED\*\*\***

**SECTION 4 APPLICATION:**

**PART A**

I hereby make application for assistance to attend:

Name of Institution: \_\_\_\_\_

Program of study or course: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

\_\_\_\_\_  
(Province) (Postal Code)

Length of program: \_\_\_\_ Years OR \_\_\_\_ Month What year are you in: \_\_\_\_

\_\_ FULL TIME \_\_ PART TIME \_\_ ONLINE Student No: \_\_\_\_\_

Qualification sought (e.g. B.A.): \_\_\_\_\_ Credit hours completed of previous years: \_\_\_\_

List registered courses and credit hours for this year:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
- 10: \_\_\_\_\_

Expected date of graduation: (Year/Day/Month): \_\_\_\_\_

Total credit hours to date: \_\_\_\_\_



## **SECTION 5 APPLICATION UNDERSTAKING AND RELEASE FORM**

### **PART A: Permission to verify and obtain financial, medical or other information**

I hereby authorize Oxford House First Nation Education Authority to verify the above information as needed. In addition, I (and my spouse if applicable) hereby authorize release of information concerning my circumstances, financial, or otherwise to the Education Authority. This release will specifically include information regarding claims and payments from Canada Pension or Employment Insurance income and employment information from current employer(s) and any scholarship(s) that may have been awarded.

### **PART B: Permission to verify and obtain educational information**

I (and my spouse if applicable) hereby authorize release of information of my (our) latest transcript, student record(s), progress report(s) and attendance record(s) as a condition for sponsorship by the Oxford House First Nation Board of Education.

### **PART C: Applicant Undertaking**

I understand the following conditions for sponsorship by Oxford House First Nation Board of Education

1. To attend classes regularly and consistently
2. To consult with my counselor if any problems arise academically, emotionally, physically, or financially
3. To adhere to University/College regulations and meet the standards required by the Institution for continuation in my program of studies
4. To provide my marks and reports to the Oxford House First Nation Board of Education upon request by the post-secondary counselor or Director of Education
5. To adhere to any rules and regulations as may from time to time be advised to me by the Oxford House First Nation Board of Education
6. To inform and consult with my counselor or Education Director of any changes of residence, dependants or any other information contained in this application

### **PART D: Notice**

I understand this application WILL NOT be considered complete without the following, but processing of application will begin upon receipt of:

1. Letter of acceptance
2. Latest transcripts

All sections of applications completed and signed by applicant (and spouse if applicable)

**PART E: Signature(s)**

I (and my spouse if applicable):

1. Have read this application
2. Verify that the above information is true
3. Understand and agree that any false statements regarding the above information is grounds for denial of education assistance
4. Agree to the conditions as outlined above by the Oxford House First Nation Board of Education

**Signature of Student/Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Spouse (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***IMPORTANT: Please forward your Post-Secondary letter of acceptance and/or registration and your latest transcripts of marks to the Oxford House First Nation Board of Education as soon as possible.***