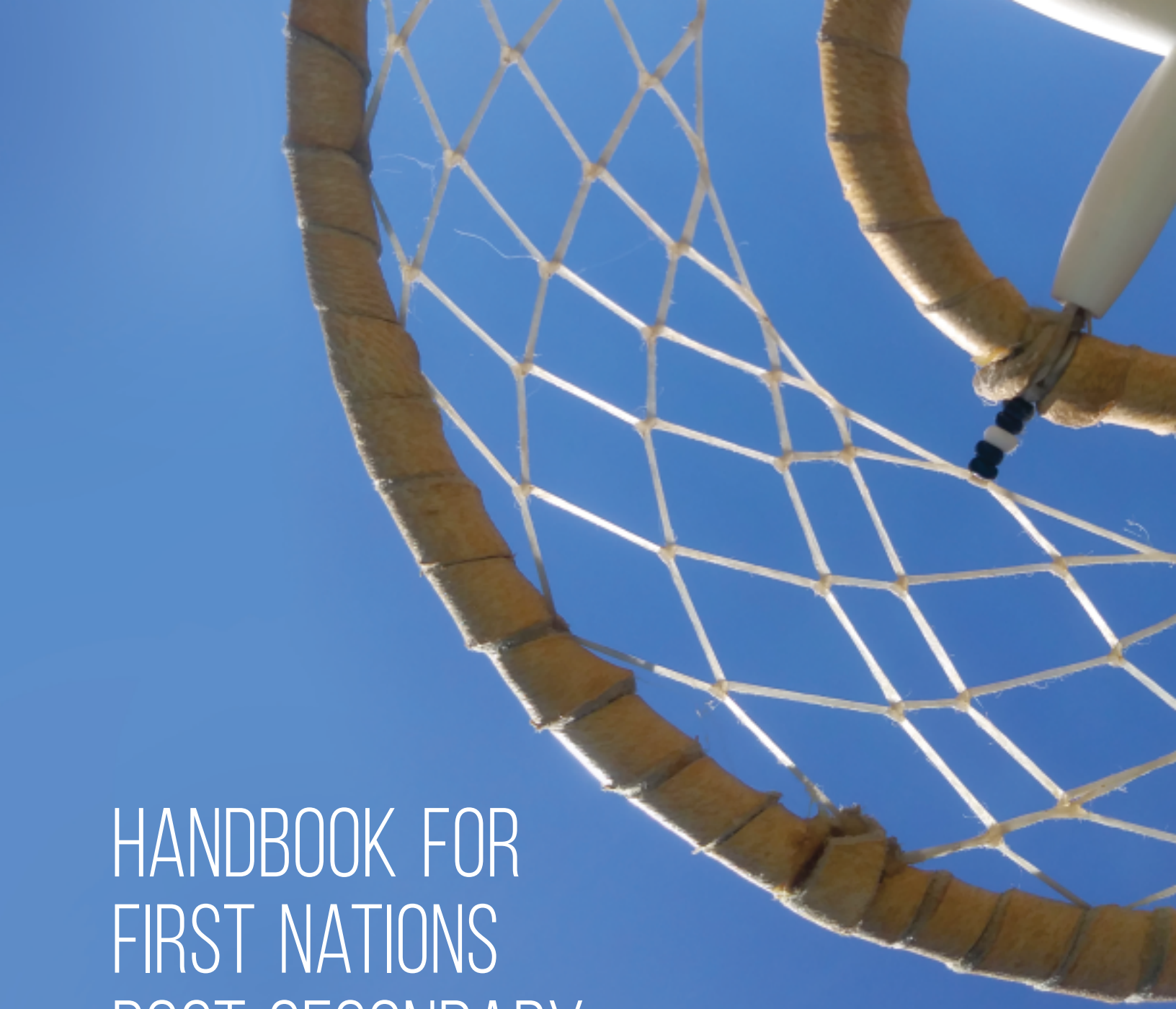

HANDBOOK FOR FIRST NATIONS POST-SECONDARY STUDENT SUPPORT PERSONNEL

For the Administration of the Post-Secondary Student Support Program

ONECA
Ontario Native Education Counselling Association

ONECA

The Ontario Native Education Counselling Association (ONECA) is an organization comprised of First Nation Education Counsellors that was incorporated in 1985. ONECA is founded upon principles that recognize that, although a variety of counselling and educational tools and programs exist in Ontario, the development of Native communities requires tools and programs designed specifically for improving Native Counselling and Education services.

BACKGROUND

The Ontario Native Education Counselling Association (ONECA) hosted a Post-Secondary Gathering in Sault Ste. Marie, November 19-20, 2019 in response to recommendations made at the 2019 Annual ONECA Conference.

The 2019 ONECA Post-Secondary Gathering included information sessions on a variety of topics as well as, interactive working sessions for information sharing. There were two items of focus during the interactive working sessions: the application form and the sponsorship letter. Participants were tasked with identifying all of the pertinent information required in each of the documents. ONECA took the information provided and created the forms based on responses from the participants at the gathering.

ONECA undertook the creation of this Handbook to assist First Nations communities with the administration of the Post-Secondary Student Support Program. It includes templates for an application form, a sponsorship letter and other tools for First Nations Counsellors and Administrators.

THE HANDBOOK

This Handbook contains the following templates for use when administering the Post-Secondary Student Support Program. Please feel free to amend as required.

Developing an Education Plan **3**

Selecting a Post-Secondary Institution to Attend **4**

Application for Financial Assistance for Post-Secondary **5/6**

Student Budget Worksheet **7**

Student Contract for Post-Secondary Financial Assistance **8**

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DEVELOPING AN EDUCATION PLAN

Who Am I?

Interests	Strengths	Challenges

Highest level of education attainment? _____

Have you worked/volunteered in the past? Where? Doing what?

Goals - What do I expect to achieve in 5 years? 10 years?

What field of study do I need to focus on? _____

What education programs are available in this field of study?
(certificate, diploma, degree, applied degree, apprenticeship)

What are the requirements/pre-requisites for the education program? Do I need additional courses?

_____

How will this program help me to achieve my goals?

_____ _____

Signature *Date*

SELECTING A POST-SECONDARY INSTITUTION

(colleges, Indigenous institutes and universities)

Step 1 – What does the institution have to offer me?

A) Visit the post-secondary institution. Does it have services for First Nations students? Does it acknowledge and celebrate First Nations culture, traditions and protocols?

B) Take a virtual tour online at https://oneca.com/transitions/post-secondary-virtual-tours.html

C) Ask friends. You may know someone who has had good experiences there. Seek out the advantages and disadvantages of attending and what services they have for First Nations students.

D) Check the reviews. Maclean's Magazine publishes an annual review based on feedback from students and administrators.

E) Does the institute offer the course/program I am interested in?

Step 2 – Does the location of the institution address my specific needs?

A) Distance from my home community - Consider the time needed and the cost for visits home.

B) Living in residence – What are my options for living in residence with/without dependents? What are the pros and cons of living in residence?

C) Access to services – Consider the distance to the bank, groceries, doctor, dentist, etc.

D) What are my options for travel while at school? (bussing routes, car parking, etc.)

Step 3 – Confirm that the institution is on approved list of institutions for students in receipt of the Post-Secondary Student Support Program funding.

APPLICATION FOR FINANCIAL ASSISTANCE FOR POST-SECONDARY EDUCATION

(Incomplete applications may not be processed.)

Student Information

Application Date: _____

Last Name (maiden name if applicable) _____ First Name _____ DOB (yr/m/day) _____ Status Card Registry# _____

Gender _____ Marital Status _____ Dependents _____ Canadian Resident Y / N

Permanent/Mailing Address _____ City _____ Prov. _____ Postal Code _____

Address (while attending school) _____ City _____ Prov. _____ Postal Code _____

Cell Phone Number _____ Alternate Phone Number _____ Email Address _____ Alternate Contact & Phone Number _____

Education Plan

New Student ____ Continuing Student ____ Re-enrolment ____ Program Start (F/W/S) _____

Program/Course _____ School/Institution _____ City/Location _____

Attendance	**Type of Program (Check)**		**Program Length:**
Full time	College Certificate	Degree	
Part time	College diploma	Post Degree	
	Post diploma	Master's Degree	**Current Year:**
	University certificate/diploma	Ph. D.	

Grad Date Y / M / D	**Institution Acceptance**			**From** Y / M / D	**To** Y / M / D
	Final ____	Continued ____	Conditional ____		

Priority # _____ Student ID _____ (for returning students)

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Estimated Costs (Office Use Only)

Fiscal Year/Semester	/	/	/	**Comments**
Tuition				
Books and Supplies				
Medical/Dental				
Residence				
Living Allowance				
High Rent Allowance				
Transportation				
Seasonal				
Travel				
Meal Plan				
Other Costs				
Total Costs				

I hereby certify that the above information is true and complete and that documentation is required to verify my information.

_____ _____

Student's Signature Date

I hereby certify that the above information is true and complete to the best of my knowledge and that any misinformation may result in loss of funding or the need to repay the financial support received. I understand that I will be required to provide additional information to support this application.

_____ _____

Parent or Guardian Signature (for students under 18 years of age) Date

Recommend Funding ____ Not Recommended for Funding ____ Wait Listed for Funding ____

Documentation for verification for this application may include: copy of both sides of the Status Card; ID showing mailing address; proof of dependents if applicable; letter of acceptance from the institution; proof of residency if applicable; proof of good academic standing each semester; verification of income.

Completed Applications are Confidential

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STUDENT BUDGET WORKSHEET

PART ONE - This section is to determine how much money you will have to use during this school year. Make sure you are using the total amounts you will receive for the school year.

Band Funding	
Scholarships / Bursaries	
OSAP	
Student Grants	
Savings	
Gifts	
Parents	
Book Allowance	
Part-time Employment	
TOTAL INCOME	

PART TWO - This section helps to determine how much money you have to work with each month. Take your Total Income found in part one & subtract your tuition and books from the amount. Then, take the amount that is left and divide it by the number of months you will need to use these funds.

	Total Income	Minus Tuition	Minus Books	Remainder for School Year	Divided by Months	**Total Monthly Budget**
Example						
Yours						

PART THREE - Now you will create your monthly budget. Begin with the costs that you cannot change such as rent. If one of the expenses does not apply to you, write N/A in the Budget box. Your total expense MUST be equal to or less than the Monthly Budget amount you found in Part Two.

Monthly Expenses	**Amount**	**Monthly Expenses**	**Amount**
Rent / Housing		Car Payments	
Utilities		Car Insurance	
Phone / Internet / TV		Gas	
Groceries		Travel to Visit Home	
Toiletries		Social Activities	
Clothing		Credit Card Payments	
Parking		Loan Payments	
Public Transportation		Other	

Total Monthly Budget (From Part Two)	**Minus**	Total Monthly Expenses (From Part Three)	=	Remaining Money

Do you have money leftover or are you short? If you are short, you must adjust your monthly expenses to balance your budget.

STUDENT CONTRACT FOR POST-SECONDARY FINANCIAL ASSISTANCE

This contract contains the terms and conditions for students **who apply for** and **who wish to maintain financial assistance** by the First Nations financial sponsorship organization.

I UNDERSTAND THAT

1) It is illegal to provide false or incorrect information on an Application for Financial Assistance for Post-Secondary.
2) It is my responsibility to read and understand the Post-Secondary Student Support Program funding policies/guidelines.
3) Financial support received is time limited as indicated on my Sponsorship Letter.
4) It is my responsibility to provide the First Nations funding organization a copy of my letter of acceptance to the post-secondary institution.
5) It is my responsibility to keep the First Nation Counsellor/Administrator up to date with changes to my Education Plan and to complete the necessary forms at the institution e.g. changes in enrolment status or course load (change program, drop course, drop out, absences).
6) It is my responsibility to provide a copy of my official transcript each semester (as soon as it is received) to the First Nation Counsellor/Administrator.
7) It is my responsibility to communicate challenges that may negatively impact my Education Plan.

I UNDERSTAND THAT

8) I need to maintain regular attendance at post-secondary to maintain my financial support.
9) I need to maintain good academic standing (as determined by the post-secondary institution) to maintain my financial support.
10) I need to ensure the First Nations Counsellor/Administrator has my current contact information.

Student's Signature	Date
Parent or Guardian Signature (for students under 18 years of age)	Date

It is my responsibility to provide the student with a copy (hard copy or electronic) of the First Nations post-secondary policies/guidelines and to keep a written record of communication with the student pertaining to their application for financial assistance.

Signature of First Nations Counsellor/Administrator	Date

NOTE: The terms and conditions contained in this contract will be utilized in conjunction with the First Nations post-secondary policies/guidelines in the event of disputes i.e. withholding funding due to lack of timely information, changes in funding levels, loss of financial support, or repayment of funding.

AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION (print on letter head)

The _____ (First Nations sponsoring organization) agrees to keep the student's personal information confidential and is committed to the protection of privacy of the student's personal information as per the Personal Information Protection and Electronic Documents Act (PIPEDA).[1]

In compliance with the PIPEPA, the Post-Secondary Counsellor/Administrator of the Post-Secondary Student Support Program cannot release or divulge any information without the written consent of the student.

The completion of this form authorizes the release of information.

I, _____ (student) give my consent to the _____ (First Nations sponsoring organization) to release information regarding my application information, letter of acceptance, program of study, academic records and information pertaining to my financial obligations/status.

I am aware that this authorization is valid unless otherwise specified in writing to the Post-Secondary Student Support Program office.

_____ Student's Name	_____ Effective Date
_____ Student's Signature	_____ Date
_____ Parent or Guardian Signature (for students under 18 years of age)	_____ Date

[1] Office of the Privacy Commissioner of Canada, Personal Information Protection and Electronic Documents Act (PIPEDA), Revised May 2019 https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/r_o_p/

POST-SECONDARY SPONSORSHIP LETTER

(print on letterhead of sponsoring organization)

Re: Post-Secondary Sponsorship

-Insert Date-

-Insert Name of Registrar-
-Insert Name of the Institution-
-Insert Mailing Address of the Institution-

Dear Registrar:

This sponsorship letter has been issued to confirm that the student, _____has been approved for financial assistance through the federal Post-Secondary Student Support Program. The full details and limits of financial sponsorship for this student are specified below.

Name of Course/Program _____ Full Time/Part Time _____

Name and Location of Institution _____

The duration of financial sponsorship for this student is from _____ to _____.

The limitations of this sponsorship are indicated as follows. (check all that apply)

_____Tuition
_____ Medical/Dental
_____ Books and Supplies
_____ Residence
_____ Other

This letter also confirms the need for direct billing to the sponsorship organization for the sponsored student named herein. If there are questions regarding this financial sponsorship, please seek clarity.

Yours truly,

- insert signature -

Name of Administrator: _____ Email Address _____

Name of Sponsorship Organization_____ Phone _____

Address of Sponsorship Organization _____

C. - insert student's name -
- insert student ID -
- insert student's mailing address -