

How to Fill Out a PDF Form

You can complete the Kitigan Zibi Education Sector's Post Secondary Funding Application by typing your data right on the form if the PDF is enabled for editing.

In this case, Adobe Reader displays the PDF in a window with menu and toolbar options to help you add text and save your completed form for printing or emailing as an attachment. If you already do not have Adobe Reader installed on your computer you may click [here](#) and the link will bring you to the Adobe Reader download page. Follow the instructions on the Adobe Reader site to install the application on your computer and then you will be ready to go!

Click on the following link to install Adobe Acrobat Reader on your computer:

<https://acrobat.adobe.com/ca/en/products/pdf-reader.html>

1. Open the PDF file with Adobe Reader. If the content is difficult to see, click the percentage drop-down button on the toolbar and select a different percentage value for viewing.
2. Click the large "Sign" button on the toolbar near the upper-right corner of the window. Another alternative is to click the "Sign, add text or send a document for signature" button (an icon with a pen signing a white document) on the toolbar. You may type in a signature and drag and drop it to the appropriate areas.
3. Click "Add Text" in the Sign pane to open the Add Text dialog box. Click in the PDF form where you want to insert your data and then start to type directly on the form.
4. Enter your data. Continue clicking the form fields and entering your text. Ensure to add your "digital signature" where needed.
5. Click the "File" menu, mouse over "Save As" and then click "PDF" to open the dialog box. Click a file location for the Save In field, such as your desktop. Type the filename in the field. Click "Save." Your completed form is ready to print or email to post.secondary@kzq.qc.ca



KITIGAN ZIBI EDUCATION SECTOR

Post Secondary Office

41 Kikinamage Mikan
Maniwaki, QC J9E 3B1

Tel.: 819.441.1581

Toll Free: 1.888.440.1275

Fax: 819.449.1246

Email: post.secondary@kza.qc.ca

Post Secondary Funding Application Checklist:

Applicant's Name: _____

Date: _____

Only complete funding applications can be processed. The following itemizes the requirements for a complete application. **Incomplete funding applications will not be processed.**

Please ✓ check off each appropriate item:

| REQUIREMENT | ATTACHED |
|--|----------|
| 1. Completed and signed KZES Post Secondary Funding Application Form. <i>All applicants. (If you are under the age of 18 yrs. a parent will have to sign.)</i> + Signed APPENDIX III – Authorization Form. <i>All applicants.</i> + Signed APPENDIX XIII – Authorization for Release of Student Information. <i>New applicants.</i> | |
| 2. Copy of Status Card (front & back). <i>New applicants and upon request.</i> | |
| 3. Copy of an official Letter of Acceptance from a Public Post Secondary Institution. <i>All applicants.</i> | |
| 4. Copy of Official Transcript from previous term/year. <i>All applicants.</i> | |
| 5. A copy of the student's child(ren)s birth certificates or medical cards. The parent's name must be displayed on the document. <i>New applicants only.</i> | |
| 6. A cheque specimen or VOIDED cheque for direct deposit. <i>New applicants only; and if banking information has changed.</i> | |
| 7. I promise to submit a copy of my schedule/timetable as soon as it is available to the Kitigan Zibi Education Sector – Post Secondary Student Support Program. <i>All applicants.</i> | |

X

Student Signature



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POST SECONDARY STUDENT SUPPORT PROGRAM APPLICATION

Incomplete applications will not be processed. No payments will be made until application is approved.

Deadlines to apply with the Kitigan Zibi Education Sector:
Fall semester: July 1st • Winter semester: November 1st • Spring/Summer semester: April 15th

Full Time: Part Time-Tuition and Books Only:

Identify which semester you are applying for (CHECK ONE BOX ONLY):

- Spring/Summer Start date: _____ End date: _____
(MAY - AUG)
- Fall and Winter Start date: _____ End date: _____
(SEPT - APRIL)
- Fall only Start date: _____ End date: _____
(SEPT - DEC)
- Winter only Start date: _____ End date: _____
(JAN - APRIL)

STUDENT IDENTIFICATION

New Student Re-enrollment Continuing student Student #: _____

Date of Birth: _____ S.I.N.#: _____
YEAR / MONTH / DAY

Kitigan Zibi Anishinabeg Band #: **073** _____ Gender: Male Female

Have you ever applied to Post Secondary funding previously? Yes No

Have you ever been on academic Probation before, as per Section 9.0 of the Post Secondary Student Support Program Policy? Yes No

BASIC STUDENT INFORMATION

Surname: _____ Given Name: _____

Contact Numbers

Telephone Number 1: _____

Telephone Number 2: _____

E-Mail: _____

Fax Number: _____

Next of Kin contact:

Name: _____

Relation to applicant: _____

Telephone: _____

Physical Address: _____

Mailing Address: _____
(if different from your physical address)

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
NO PAYMENTS WILL BE MADE UNTIL APPLICATION IS APPROVED.**

Marital Status: Single Married Common Law (12 months+)

Permanent Residence: On Reserve Off Reserve

Canadian Residence: Yes No

Number of Dependents:

Number of dependents residing with me: 0 (not applicable) 1 2 3+

| | |
|---|-----------------------------|
| Full Time: Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Part Time: Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____ | |

Please Complete Name and Date of Birth of each dependent:

| Name | Date of Birth | Birth certificate attached |
|------|---------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

NOTE: The applicant must provide medical card and/or birth certificate of child/ren, the parents name must appear on the supporting document.

ACADEMIC HISTORY

High School completed: Yes No Year: _____

Post Secondary Background or other training completed: (please complete as indicated)

| School | Location | Year | Course | Diploma/Degree received |
|--------|----------|------|--------|-------------------------|
| | | | | |
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| | | | | |

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
NO PAYMENTS WILL BE MADE UNTIL APPLICATION IS APPROVED.**

EDUCATION PLAN

Attendance

- Full time
- Part time
- Other _____

Type of Program

- CEGEP/Community College
- University

Number of hours per week _____

*Full time is a minimum of 12 hours per week in classroom instruction
(not including labs or tutorials)*

Method of Delivery

- Classroom
- Distance Education
- Online
- Blended: Classroom & Distance
- Blended: Classroom & Online

Level of education sought:

- UCEP
- Certificate
- Diploma
- Bachelors
- Masters
- Doctorate
- Other _____

Program: _____
If part time, indicate course and course code. If part time indicate the date you are planning to attend the course

Institution: _____

Telephone: _____ Fax: _____

Location: _____

Length of Program: _____

If returning to complete a previous program of post secondary studies please indicate the beginning date of study in the above mentioned program/course: _____

Institutional Acceptance: Final Continued Conditional

Expected Date of Graduation: _____

I hereby certify that the above information is complete and correct.

Applicant's signature: _____

Parent's signature: _____
(if under 18 years of age)

Date of Application: _____



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APPENDIX III

AUTHORIZATION FORM

FOR REGISTRATION CONFIRMATION, MARKS AND ATTENDANCE

Please indicate term: Fall **20**_____ Winter **20**_____ Spring/Summer **20**_____

COLLEGE/UNIVERSITY: _____

This is to certify that I _____ a student with the above Education Institution give permission to the Kitigan Zibi Education Sector to have access to any document or information in regards to my registration, confirmation, marks and attendance.

In addition, I understand that I may be required to complete an additional official authorization for release of student information with the post secondary institution I am attending.***

Signature of Student

Date

Signature of Parent (under the age of 18)

***Please contact the Post Secondary Student Support Program Office for further information.



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A P P E N D I X X I I I

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

The Kitigan Zibi Education Sector abides the confidentiality of student records and information through an Oath of Confidentiality which binds all its employees as defined in the Kitigan Zibi Anishinabeg Human Resources Policy in order to protect the privacy of personal information held on student records and information. This policy is supported by The Personal Information Protection and Electronic Documents Act (PIPEDA).

In compliance with PIPEDA* and the Kitigan Zibi Human Resources Policy, the Kitigan Zibi Education Sector Administration and the Post Secondary Student Support Program Officer cannot release or divulge any information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you. Otherwise all your student information is not shared with other individuals and is kept confidential.

PLEASE PRINT CLEARLY

I, _____ give my consent to the KZES/Post Secondary Student Support Program Officer to release information regarding my academic file, application information, confirmation of acceptance, program of study/courses, academic records and/or funding information as requested to:

Name: _____

Date effective: _____

Relationship: _____

Name: _____

Date effective: _____

Relationship: _____

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

Student signature: _____ Date: _____



KITIGAN ZIBI EDUCATION SECTOR

POST SECONDARY FUNDING CONTRACT

This agreement for Post Secondary Funding is made between;

★ 1st Party; Kitigan Zibi Education Sector located at 41 Kikinamage Mikan Kitigan Zibi Anishinabeg QC J9E 3B1

AND

★ 2nd Party; Student/KZA Community Member _____ Registry No. #: _____

The funding agreement between the Kitigan Zibi Education Sector and the Student/KZA Community Member is comprised of the following underneath terms and conditions:

I _____ do hereby agree to the following terms and conditions in the event that I receive Post Secondary funding assistance from the Kitigan Zibi Education Sector for post secondary purposes:

- I understand that I am to attend classes on a regular basis, satisfy all course requirements and meet and maintain an acceptable grade level or the minimum level required by the academic institution being attended. As a full time student I must be at least 75% successful in my course load.
- I understand that it is my responsibility to inform the KZES Post Secondary Student Support Program Officer (PSSSPO) if problems arise making it difficult to fulfill the above requirements.
- I understand it is my responsibility to submit official transcripts of my marks to the PSSSPO by the dates stipulated in the Post Secondary Public University/College Policy.
- I understand that in the event I receive education funds under false pretenses or as an unjustified overpayment that I will be required to repay the full amount received.
- I understand that I will be denied further education funding if I do not met and maintain the requirements set forth by the KZES Post Secondary Student Support Public University/College Policy.
- I understand that to be considered a full-time student and to receive monthly living allowances; I must be enrolled in a full time program of a minimum of four (4) courses and/or 12 credit hours or 12 hours per week of in classroom instruction (Labs and tutorials don't count).
- I understand that if I do not pass courses sponsored by the KZES Post Secondary Program that I will not be sponsored for the same course again.
- I do hereby declare that I have completed to the best of my knowledge all required sections of the Post Secondary Student Support Application Form.
- I further declare that I agree to abide by all clauses contained in the applicable Kitigan Zibi Education Sector Post Secondary Student Support Program Policy.

 Continued...

KITIGAN ZIBI EDUCATION SECTOR POST SECONDARY FUNDING CONTRACT – SECTION B CONTINUED

- For the purpose of this document, any interpretation is that of the Kitigan Zibi Education Sector. Any questions should be immediately directed to the Post Secondary Student Support Program Officer or to the Director of Education for clarification.
- I hereby declare that should I have any monies owing to the Kitigan Zibi Anishinabeg or any of its Service Sectors due to over payment or non-justified payments, that such monies will immediately be deducted from any monies allocated to me by the Kitigan Zibi Anishinabeg or any of its Service Sectors.
- Furthermore, I acknowledge that the Kitigan Zibi Education Sector reserves the right to forward all refusals for reimbursement of over payment or non-justified payment to a collection agency.
- Finally, I agree that should I fail to comply with the guidelines governing the Kitigan Zibi Post Secondary Student Support Program or should I knowingly provide false information regarding my application and/or my on-going status as a post-secondary student, that all financial support may be withheld or immediately terminated, and all funds allocated or paid on my behalf may be required to be immediately reimbursed in full.

I have read and understood this application for Post Secondary Educational Assistance as well as acknowledge receiving a copy of the Kitigan Zibi Educational Sector Post Secondary Student Support Program Policy. I agree to all conditions outlined in this application and agree to be bound by all regulations contained in the applicable Post Secondary Student Support Program Policy which includes but is not limited to providing mandatory letters from the institution, and by any changes which may be made from time to time. I also agree that the information provided herein can be used by the Kitigan Zibi Anishinabeg and its service sectors to provide better service.

Applicant's Signature

Date

Parent's Signature (if under 18 years of age)

Date

**FOR OFFICE USE ONLY
KITIGAN ZIBI EDUCATION SECTOR AUTHORIZATION**

Your application for Post Secondary Funding for the:

Fall semester _____ Winter semester _____ Spring/Summer semester _____

HAS BEEN: Approved Denied under the following conditions:

| | | | |
|---------|--------------------------|------|------|
| Level 1 | <input type="checkbox"/> | Used | Left |
| Level 2 | <input type="checkbox"/> | | |
| Level 3 | <input type="checkbox"/> | | |

Post Secondary Student Support Program Officer

Date

Director of Education

Date