

# CURVE LAKE FIRST NATION POST SECONDARY EDUCATION FINANCIAL SUPPORT POLICY & PROCEDURES

**POLICY 10.001** 

## Policies and Procedures

Policy Framework and Support Procedures to guide and properly manage Post-Secondary Education funding.

## Approved by Council on January 24, 2020

Amended and approved by Council on July 14th, 2020

October 18<sup>th</sup>, 2021 November 21<sup>st</sup>, 2022 August 21<sup>st</sup>, 2023

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#### INTRODUCTION

#### Application:

This policy is meant to establish and maintain a transparent and equitable management process for funds available to support Post-Secondary Education for members of Curve Lake First Nation

This policy applies to all individual members of Curve Lake First Nation applying for and receiving Post-Secondary Learner Support funding from Curve Lake First Nation and the administrative staff of the Curve Lake First Nation.

#### **Exclusions:**

#### Vision:

The strength of the community comes from the Learner and the Learner's strength comes from the community

#### Responsibilities:

*Council* is responsible to ensure that Policy is in place to ensure transparent and effective governance.

**Administration** is responsible to ensure that the Policies and Procedures of the Curve Lake First Nation are followed and to identify areas of policy concern.

*Human Resources* is responsible to ensure employment practices and procedures conform to legislation and the approved Curve Lake First Nation Policies.

*Employees* are responsible to meet the requirements of this policy and their job description, and carry out the functions in a professional manner

#### Review:

This policy will be reviewed every three years and may be amended from time to time.

#### Dates:

It was most recently amended and implemented on August 21, 2023

#### IN THIS POLICY,

- a. **"Books and Program Costs"** is financial assistance allocated to an individual Learner to support the successful completion of their program of studies.
- b. "Chief" means the elected Chief of the Curve Lake First Nation
- c. "Continuous Learner" is an individual who has a continuous path of academic program of study offered by an eligible Education Institute (High School, College and/or Universities)
- d. "Course" is defined by the Post-Secondary Institution.
- e. "Curve Lake Education Committee" is an official committee of Council.
- f. "Curve Lake First Nation Council" or "Council" is the duly elected Chief and Council, government, representing the membership of the Curve Lake First Nation.
- g. "Curve Lake First Nation Member" is an individual who is listed on the Curve Lake First Nation Membership List as defined by Indigenous and Northern Affairs Canada.
- h. "Dependent" a person who's support and maintenance is contingent upon the aid of the Learner.
- i. **"Education Plan"** is a plan which is confirmed annually, set by the Learner outlining their expected academic career.
- j. "Post-Secondary Education Institution" means a degree, diploma and/or certificate granting institution, which is recognized by a province and includes educational institutions affiliated with or delivering accredited post-secondary programs by arrangement with a post-secondary institution.
- k. "Full-time learner" means an individual Learner whose class or workload in a given academic year is considered as full time by the education institution.
- l. **"Learner"** is an individual who is applying for funding or is funded through the Curve Lake First Nation Post-Secondary Learner Support Funding.
- m. "Living Allowance" is funding support provided to the individual Learner to offset some of the costs of daily living.
- n. "Mature Learner" is an individual as accepted by the Institution for academic studies as a Mature Learner.
- o. **"Orientation Day"** is a day set by the First Nation that gives the Learners and staff, an opportunity to gain understanding of the policy, their responsibilities and information to support success.
- p. "Part-time learner" is an individual Learner whose class or work- load in a given academic year is considered as part-time by the institution.
- q. "Program" is defined by the Post-Secondary Institution.
- r. "Scholarships" are gifts granted to an individual based on established criteria.
- s. **"Self-funded Learner"** is an individual who has completed the requirements of one academic full-time semester in a Post-Secondary Institute without financial support from the Curve Lake First Nation.

- t. **"Special Learning Needs"** are supports for Learners as defined and identified by a qualified professional through a prior learning assessment.
- u. "**Graduate**" is an individual who has completed the requirement of their Post-Secondary Studies and receives a diploma, certificate from a recognized College or University.
- v. **"Good standing"** is an individual who is not in financial default with the CLFN Education Department.

## CHAPTER 1 - RESPONSIBILITY

#### **CHIEF AND COUNCIL**

1. It is the responsibility of the elected Chief and Council of Curve Lake First Nation to ensure that Policies are in place for the transparent and equitable management of the Post-Secondary Education approved budget. It is also the responsibility of the Council to ensure that there is regular reporting to their membership on both the monetary and academic achievements against this investment.

#### FINANCE COMMITTEE

**2.** The Finance Committee has the responsibility to review and provide a recommendation to Council on the proposed budget for the Post-Secondary Program.

#### **EDUCATION COMMITTEE**

**3.** The Education Committee has the responsibility to review and make recommendations for policy change affecting the success of the program.

#### **DIRECTOR OF EDUCATION**

**4.** The Director of Education is responsible for the management of this policy. The Director of Education is responsible to supervise the implementation of this policy by the Manager of Post Secondary and Adult Education and has the financial management responsibilities for the approved budget.

#### MANAGER OF POST SECONDARY AND ADULT EDUCATION RESPONSIBILITY

**5.** The Manager of Post Secondary & Adult Education is responsible for the administration of this policy and for maintaining a supportive relationship with the Learner's approved under this policy.

#### **LEARNER**

- **6.** The individual Learner is responsible to attend and pass all required courses of their chosen program and to ensure the reporting requirements to the Curve Lake First Nation are met within the set deadlines. Marks must be submitted each semester.
- **7.** The Learner is responsible to ensure all the requirements to receive Post-Secondary Learner Support are strictly followed and there are no false statements made.
- **8.** The Learner is responsible to repay to Curve Lake First Nation any funding received for which they do not meet the eligibility requirements, or they fail to meet their obligations of this policy and the Post-Secondary Institute.

## CHAPTER 2 - ELIGIBILITY

#### LEARNER ELIGIBILITY

- **9.** To be eligible for Post-Secondary Learner Funding, each Learner must:
  - (1) Be a Curve Lake First Nation member.
  - (2) Not be in receipt of post-secondary funding from any other First Nation.
  - (3) Be in good standing with Curve Lake First Nation Education Department.
  - (4) Be accepted into an eligible program of study.
  - (5) Complete the application in *Appendix A*, or the online application, by the deadline.
  - (6) Abide by this policy.

#### **ELIGIBLE PROGRAM OF STUDY**

- **10.** An eligible program of study is:
  - (1) Offered by a recognized and accredited Post-Secondary Educational Institute.
  - (2) Result in a recognized degree, diploma, or certificate.
  - (3) One that has a minimum standard of entry.
    - (a) IE. Secondary School Graduation Diploma, mature learner, etc.

## **CHAPTER 3 – Types of Support**

#### LIVING ALLOWANCE

- **11.** This support is designed to offset the costs of daily living.
- **12.** The level of funding is set in *Appendix D*.
- **13.** To be eligible for a living allowance, a Learner must:
  - (1) Be registered as a full-time learner.
  - (2) They must maintain full time status throughout their studies.
    - (a) Full time status is defined by the Post-Secondary Institution.
  - (3) All reporting requirements must be continuously maintained as required by CLFN.
- **14.** Payment will be made by direct deposit to Learner's bank account five (5) business days before the month for which the payment is provided.
- **15.** There are no advances of living allowances unless it is for residence fees.

#### **TUITION ASSISTANCE**

- **16.** If a learner attends an out of province institution, tuition will be paid at the lower rate between the institution and a similar post-secondary public institution in Ontario nearest to Curve Lake First Nation hosting a similar program. The learner is responsible to pay the tuition fee directly to the institution and will be reimbursed in Canadian dollars with receipt, not to exceed the determined rate of the similar post-secondary public institution in Ontario.
- **17.** Tuition assistance includes coverage for mandatory learner fees for the approved courses.
- **18.** Letters of Sponsorship will be provided directly to the post-secondary institution upon approval.
- **19.** Tuition assistance is provided directly to the institution.

#### **BOOKS AND PROGRAM COSTS**

- **20.** Amount for books and program costs are indicated in *Appendix D*.
- **21.** Books and program costs are provided in each semester.
- **22.** Learners that withdraw from a program must repay book allowances.

#### SPECIAL COSTS

- **23.** Special onetime costs may be covered by Curve Lake.
- **24.** Special onetime costs include but are not limited to:
  - (1) Practicums.
  - (2) Special exam fees.
  - (3) Special equipment.
  - (4) Emergencies.
  - (5) Base Application fees for OCAS or OUAC with proof of payment.
- **25.** A Learner must apply to the Education Department in writing detailing why the cost should be covered.
- **26.** This cost is covered at the discretion of the Manager of Post Secondary & Adult Education if there is room in the budget.

#### SPECIAL LEARNING NEEDS

- **27.** If an individual has supports identified by a professional through a Prior Learning Assessment these costs will be considered by application found in *Appendix A*.
- **28.** Special learning needs include but are not limited to:
  - (1) Special programming.
  - (2) Specific teaching strategies.
  - (3) Assistive technology.

#### **COSTS NOT COVERED**

- **29.** The following is not reimbursed by Curve Lake:
  - (1) Photocopying.
  - (2) Tutoring; and
  - (3) Field trips.

#### LEARNER'S FINANCIAL RESPONSIBILITY

- **30.** Learners that withdraw from a program must repay the tuition fees if the institution does not reimburse Curve Lake.
  - (1) Learners must withdraw in writing from the institution for Curve Lake to be eligible for a tuition refund.
- **31.** Learners that withdraw from a program or course must repay book and program costs.
- **32.** If a Learner is unsuccessful in a course(s), the learner must repay all costs to CLFN.
  - (1) The financial responsibility of that course(s) then becomes the learner's financial responsibility.
- **33.** If a Learner withdraws for compassionate or medical reasons from a program of study for which funding has been approved, they must immediately notify the Manager of Post Secondary & Adult Education in writing.

- (1) Notification must include the reasons and request deferral of any funding. Deferrals will be allowed at the discretion of the Manager of Post Secondary & Adult Education. Learner will remain at their category and must submit an application when ready to resume studies.
- (2) A Doctor or Medical note will be required to defer funding.

## **CHAPTER 4 – APPLICATIONS**

#### **CONTENTS**

- **34.** Applications include:
  - (1) Appendix A; and
  - (2) Appendix B.

#### NEW APPLICATION

- **35.** New applications are not required for Learners who are currently receiving funding for a program that they are continuing in, subject to.
  - (1) Maintaining reporting requirements and abiding by this policy.
  - (2) Any change in program requires a new application.
  - (3) Upon completion of a program, a new application must be submitted.

#### **APPLICATION DEADLINES**

- **36.** All applications must be complete and submitted to the Curve Lake Education Department prior to the start of each intake.
  - (1) Late applications are not accepted.
  - (2) Timely and complete applications are entirely the learner's responsibility.
- **37.** Applications must be submitted by 4pm on the deadline.
- **38.** Last Friday of April for September of same year (fall semester).
- **39.** Last Friday of October for January of following year (winter semester).
- **40.** Last Friday of January for May of same year (spring/summer semester).

#### **Method of Delivery**

- **41.** Applications are accepted by the Manager of Post Secondary and Adult Education via:
  - (1) Facsimile.
  - (2) In-person.
  - (3) Mail.
  - (4) Email or Online submission.
- **42.** Contact information is on the Curve Lake First Nation website, under Education Department.

## CHAPTER 5 - REVIEW & APPROVAL

#### MAXIMUM FUNDING

- **43.** Learners will be funded as per their approved Education plan and anticipated career path.
  - (1) The commitment to the Education plan will be dependent on funding
  - (2) Learners graduating from Secondary School can take a year without losing Category 1 status.

#### **ADMINISTRATIVE**

- **44.** All complete and timely applications shall be:
  - (1) Date stamped and a written acknowledge of receipt provided to the Learner.
  - (2) An individual file will be created for each application.
  - (3) *Appendix C* shall be completed by the Manager of Post Secondary & Adult Education
  - (4) Manager of Post Secondary & Adult Education will confirm:
    - (a) Cost of tuition.
    - (b) Books.
    - (c) Program.
    - (d) Living allowance.
    - (e) And any other costs.

#### **LEARNER CATEGORIES**

- **45.** Each application will be reviewed and then prioritized within the following priorities:
  - (1) Continuing Learners and OSSD Learners.
  - (2) Other Learners

#### **Principles of Review**

- **46.** Whole categories are funded before the subsequent category is considered.
- **47.** All Learners in category one will be funded.
  - (1) A deficit will be incurred if need be.
    - (a) Subject to authority of Chief & Council and Finance Committee.
- **48.** If there is not enough funding to fund all Learners in category (2) then learners will be funded based on budget and the following priority list:
  - 1) Has never received funding from the CLFN Post Secondary Program before and is in good standing with the CLFN Education Department.
  - 2) Has received funding from the CLFN Post Secondary Program but was unable to complete their program of study and is in good standing with the CLFN Department.
  - 3) Has received funding from the CLFN Post Secondary Program, and completed a program of study, and is in good standing with CLFN Education Department.

#### APPROVAL/NON-APPROVAL

- **49.** The Manager of Post Secondary & Adult Education will:
  - (1) Develop a list of recommended Learners.
  - (2) Report on implications for budget.
- **50.** The Director of Education will:
  - (1) review the list of recommendations and budget implications.
  - (2) Approve them if they meet the requirements of this policy.

#### WRITTEN NOTIFICATION

**51.** The Manager of Post Secondary & Adult Education will provide written notification to each Learner of approval or non-approval within ten business days of the application deadline.

#### LETTERS OF SPONSORSHIP

**52.** A letter of sponsorship, found in *Appendix C*, will be provided to the institution that the successful Learner will be receiving funding to attend.

## **CHAPTER 6 – APPEALS**

#### APPEALS POLICY

**53.** Appeals are granted in accordance with the Curve Lake First Nation Administrative Decision Review Policy 01.018

## **CHAPTER 7 – RECOGNITION AND AWARDS**

#### GALLOWAY RIDGE LEARNER SCHOLARSHIP (EARTH SCIENCES)

- **54.** This scholarship is sponsored in partnership with Galloway and Associates and will be awarded to a Curve Lake First Nation member who is registered in a program of study with a focus on earth sciences.
- **55.** This annual award will be made in the amount of \$1000.00 to an individual learner who has proven academic success, completing a minimum of one year and attaining a minimum average of 65%.

#### LIT-CHEN BURSARY FOR LEARNERS ENROLLED AT THE UNIVERSITY OF TORONTO

- **56.** This scholarship is sponsored in partnership with the Lit-Chen family and will be awarded to a Curve Lake First Nation member who is registered in a program of study at the University of Toronto (UofT)
- **57.** This annual award will be made in the amount of \$3000.00. The amount will be divided by the number of Curve Lake Learners attending UofT in a given school year. If no Learners attend UofT, each year, this amount will roll over to next year. Thus, a total of \$6000 would be distributed next calendar school year.



## **APPENDIX A- APPLICATION FOR FUNDING**

### **Curve Lake First Nation Post-Secondary Financial Application**



Curve Lake Government Services Building 22 Winookeedaa Road Curve Lake ON KOL 1RO

Phone: 705-657-8045 Fax: 705-657-8708

| Date received: |  |
|----------------|--|
|                |  |

| DI       | 1 .          | 11            | · c 11 ·   |             |                  |
|----------|--------------|---------------|------------|-------------|------------------|
| Please c | omblete voui | ' application | in full to | avoia delav | v in processing. |

| SECTION 1- Personal Information                                                                                       |                                 |                   |                      |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|----------------------|
| Last Name                                                                                                             | First                           |                   | Second               |
| Previous Last Name (if applicable                                                                                     | D.O.B                           |                   |                      |
| BAND NUMBER (10 Digits)                                                                                               | E-mail a                        | Day<br>ddress     |                      |
| Home Phone: Cell Number:                                                                                              |                                 |                   |                      |
| Permanent Home Address:                                                                                               |                                 |                   |                      |
| Current Mailing Address (if differ                                                                                    | ent from above):                |                   |                      |
| Chapter 2. Eligibility 9.3: In good                                                                                   | l standing with Curve Lake Firs | st Nation. Yes    | _ No                 |
| Do you have dependents as define                                                                                      | ed in the policy? Yes No.       | Marital Status    |                      |
| (single/married/Common Law)  Priority level (Check one): 1. Continuing learners and OSSD learners  2. Mature Learners |                                 |                   |                      |
| Section 2 - Education History                                                                                         |                                 |                   |                      |
| Graduated from High School? YE                                                                                        | S/NO Name of High School:       |                   |                      |
| Year Graduated: Hav                                                                                                   | e you previously been funded    | by CLFN Education | Department? YES / NO |
| If YES, please indicate program(s                                                                                     | ):                              |                   |                      |
| Certificate/Diploma                                                                                                   | Program                         | Year Graduated: _ |                      |
| BA                                                                                                                    | Program                         | Year Graduated:   |                      |
| Master                                                                                                                | Program                         | Year Graduated: _ | <u>-</u>             |
| PhD                                                                                                                   | Program                         | Year Graduated:   |                      |

| Section 3 - Education Plan                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Career Goal:                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Please explain why you have chosen this field:                                                                                                                                                                                                                                                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Institution Name: (please ensure the institution is eligible to be funded under PSSSP using this link <a href="https://www.cicic.ca/868/search the directory of educational institutions in canada.canada">https://www.cicic.ca/868/search the directory of educational institutions in canada.canada</a> or Consult with the Manager of Post Secondary and Adult Education if you are unsure) |  |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| Program:Part time or Full time?:                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Level of Study: Diploma Certificate BA MA PH. D Professional Degree                                                                                                                                                                                                                                                                                                                            |  |  |
| How many years of funding are you requesting?Expected date of Graduation:                                                                                                                                                                                                                                                                                                                      |  |  |
| Please describe your plan for completing this program(s) i.e., Number of courses per semester and total length                                                                                                                                                                                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Do you plan on continuing your education beyond this program? Yes, or No (circle one)                                                                                                                                                                                                                                                                                                          |  |  |
| If yes, please describe in detail your long-term education plan (All programs/levels):                                                                                                                                                                                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Section 4 - Post Secondary Costs                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Please enter your estimated yearly tuition. Book and living allowance amounts are fixed. Note: Living allowance is only added if you selected full-time attendance above.                                                                                                                                                                                                                      |  |  |
| Estimated Tuition Per Year: \$ x # of Years =                                                                                                                                                                                                                                                                                                                                                  |  |  |
| Books per semester Part time: \$300.00 x # of semesters =                                                                                                                                                                                                                                                                                                                                      |  |  |
| Books per semester Full time: \$600.00 x # of semesters =                                                                                                                                                                                                                                                                                                                                      |  |  |
| Living Allowance (no dependent) \$ 1000.00 x # of months =                                                                                                                                                                                                                                                                                                                                     |  |  |
| Living Allowance (dependent) \$ 1500.00 x # of months =                                                                                                                                                                                                                                                                                                                                        |  |  |
| Total                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Do you plan on staying in residence? Yes or No (circle one)                                                                                                                                                                                                                                                                                                                                    |  |  |

## Section 5 - Special Education Requirements Are you identified as a learner with Learning Needs: (Circle) YES or NO If yes, please answer the following. 1. Have you contacted the institution? YES / NO 2. Do you currently have an Individual Education Plan? YES/NO 3. Do you have an updated Psycho-Educational Assessment? YES / NO 4. Do you have Medical Documentation? YES / NO Please speak with Manager of Post Secondary & Adult Education. 705-657-8045 x 203 **Applicant Declaration** I hereby apply for financial assistance under the Post-Secondary Assistance Program for the period indicated in Section 3. The information that I have provided is accurate to the best of my knowledge. I AGREE: \_\_\_1. To immediately report changes to my program status and/or Education Plan. \_\_\_\_2. To adhere to school regulations and meet the standards required by the Post-Secondary Institution for continuation in my course of studies. \_\_\_3. The learner is responsible to attend and pass all required courses of the chosen program and to ensure the reporting requirements to the Curve Lake First Nation are met within the set deadlines. I DECLARE: 1. My application does not contain any misleading, false, or fraudulent information and I understand that I would be required to repay any monies paid to me under this program, should it become apparent that such misleading, false, or fraudulent information is included on this application. 2. If my circumstances change during the funding period so that either (1) I am no longer enrolled or in attendance at the school/program for which I was approved for, or (2) my program is discontinued. I will notify the CLFN Education Department of these changes so that appropriate action can be taken. If I do not update this information, I understand that I would be required to repay any monies paid to me under this program. 3. I have a copy of the current CLFN Post-Secondary Policy, and I have read and understand its contents. Please sign the application/declaration and return the entire document to the Manager of Post Secondary and Adult Education, Government Services Building 22 Winookeedaa Road, Curve Lake First Nation, KOL 1RO. Signature of Learner Date LATE APPLICATIONS CAN NOT BE ACCEPTED

Funding Approved: Diploma/Certificate/BA/MA/Professional Degree/Other \_\_\_\_

Date:

Application Approved:

() Yes

( ) No

For Office Use Only:

Director of Education:

Comments:



## **APPENDIX B- RELEASE OF INFORMATION**

#### **Consent to the Disclosure or Release of Information**

Curve Lake First Nation Education Department 22 Winookeedaa Road, Curve Lake, Ontario K0L 1R0

Pursuant to Sections 33 (b) (c) & 34 (b) of the Freedom of Information and Protection of Privacy Act Learners receiving financial assistance are required to sign a <u>Consent to the Disclosure or Release of Information</u> form. This authorization is in effect for the current academic year as well as any subsequent year of study at the named organization below.

| Name of college, university, or organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| As a sponsored learner through the Curve Lake First National undersigned:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on Post-Secondary Program, I the   |
| • Consent to the Release of Information to the Manager o for the Mississaugas of Curve Lake First Nation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f Post Secondary & Adult Education |
| <ul> <li>This form authorizes the institution to release information<br/>Secondary &amp; Adult Education for Curve Lake First Nation<br/>performance, attendance, transcripts, or any other information<br/>Post Secondary &amp; Adult Education</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | n, pertaining to academic          |
| I agree to have my name published with respect to according to the second | nplishments or achievements made.  |
| Also, I (print name) consent appropriate staff of the Curve Lake First Nation when deemed no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| Signature of Learner (*or parent/guardian under the age of 18)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                               |
| Signature of Manager of Post Secondary & Adult Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date                               |



## **APPENDIX C- SAMPLE SPONSORSHIP LETTER**

Date Post-Secondary Institution Address Fax number

Contact

Learner's name and Identification number Program

To Whom It May Concern:

The above learner will be sponsored by the Curve Lake First Nation Education Department for tuition for the (type in semester/s).

Please note the CLFN Education Department does not pay for laptops, e-texts, computing fees or locks.

If you have any questions, please give me a call or send me an email.

Yours truly,

Name of Manager of Post Secondary & Adult Education

Manager of Post Secondary & Adult Education 705-657-8045 X 203 Email address



#### APPENDIX D- POST-SECONDARY LEARNER SUPPORT FUNDING

#### **TUITION**

- **58.** Tuition for out of Province (Ontario) and international Learners is covered <u>per semester</u> at the lower rate between the institution and a similar post-secondary public institution in Ontario nearest to Curve Lake First Nation hosting a similar program. (CAD).
  - a. If a programs fees are higher than this, the learner must pay the difference.

#### BOOKS AND LIVING ALLOWANCE FOR FULL TIME LEARNERS

- **59.** Up to \$1200.00 is payable in equal parts of \$600.00 per session for books and program costs (CAD).
- **60.** Living allowance is payable in equal parts of \$1000.00 per month for single Learners and \$1500.00 per month for Learners with dependents, by electronic deposit (CAD).

#### **BOOKS ONLY FOR PART TIME LEARNERS**

**61.** Up to \$600.00 is payable in equal parts of \$300.00 per session for books and program costs (CAD) when not included in part-time tuition fees.



# **APPENDIX E- INDIVIDUAL SUPPORTS**

| the following;                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NameCollege/University attending                                                                                                                                                                                       |
| Please indicate below the following; (please answer yes or no)                                                                                                                                                         |
| <ol> <li>Special Programming:         <ul> <li>a) IEP in place at High School graduation</li> <li>b) Programming needed at College/University</li> <li>c) Have contacted the College/University</li> </ul> </li> </ol> |
| 2. Specific teaching Strategies:  a) College/University is aware of needs                                                                                                                                              |
| <ul><li>3. Assistive Technology</li><li>a) Is technology required to complete program</li><li>b) Is technology available for use</li></ul>                                                                             |
| 4. Are there any other needs not identified above,                                                                                                                                                                     |
|                                                                                                                                                                                                                        |
| The information on this form is complete and accurate,                                                                                                                                                                 |
| Learner Signature and Date                                                                                                                                                                                             |

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THE INFORMATION COLLECTED ON THIS FORM WILL ONLY BE USED TO ENSURE NEEDS ARE MET AT THE COLLEGE/UNIVERSITY ATTENDING AND WILL NOT BE SHARED



# **APPENDIX F- FUNDING & POLICY DOCUMENT**

| Learner Name:                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------|
| Program:                                                                                                             |
| Anticipated Graduation Date (Month & Year):                                                                          |
| Institution:                                                                                                         |
| I have received read and understand:                                                                                 |
| <ol> <li>the funding acceptance letter sent to me from the Curve Lake Education<br/>Department.</li> </ol>           |
| <ol><li>the Curve Lake First Nation Post-Secondary Education Financial<br/>Support Policy &amp; Procedures</li></ol> |
| Signed:                                                                                                              |
| Date:                                                                                                                |



## ADDENDUM 1

# Procedures for the Lit-Chen Bursary for Post-Secondary Learners Enrolled at the University of Toronto

- 1. This bursary will be given annually at the beginning of the school year (September-October)
- 2. The total amount will be \$3000 annually.
- 3. The bursary will be funded by the Lit-Chen family.
- 4. The amount will be divided by the number of Curve Lake Learners attending UofT in a given school year.
- 5. If no Learners attend UofT in a given year, this amount will roll over to next year. Thus, a total of \$6000 would be distributed next calendar school year.
- 6. The names of the Learners will be obtained from the Manager of Post Secondary & Adult Education for the Curve Lake Nation in August-September of any given year.
- 7. A check for a lump sum will be issued to the Curve Lake Nation
- 8. The individual amounts will be issued to each Learner by the Curve Lake Nation
- 9. The Lit-Chen Family will receive receipt acknowledging receipt of funds from the Curve Lake Nation and a notice when these funds are distributed.
- 10. The Lit-Chen Family will give the Curve Lake Nation a 3-month minimum notice if disability, other health issues, loss of income or any other unforeseen circumstances make them financially unable to continue with the bursary.

## POLICY APPROVAL

This Policy was passed during a duly convened meeting of the Curve Lake First Nation Council held on October 18, 2021.

| Chief Emily Whetung                         |                           |  |
|---------------------------------------------|---------------------------|--|
|                                             |                           |  |
| Laurie Hockaday  Councillor Laurie Hockaday | Councillor Jeffrey Jacobs |  |
|                                             |                           |  |
| Councillor Crystal Cummings                 | Councillor Sean Conway    |  |
|                                             |                           |  |
| Amold Taylor  Councillor Arnold Taylor      | Councillor Deborah Jacobs |  |
|                                             |                           |  |
| Lang                                        | Modin Knott               |  |
| Councillor Saga Williams                    | Councillor Nodin Knott    |  |