

the Métis
Nation *of*
Ontario

∞ Bursary Fund ∞

APPLICATION FORM

(Institution Stamp HERE)



(Institution Stamp HERE)

Bursary Award

Instructions:

- 1) All sections must be fully completed (5 pages in total) in order for the Bursary Committee to assess your financial need. If an application is submitted without all necessary forms, it will not be considered for the award.**
- 2) Students must qualify as being Métis. We ask that you include your genealogical information or a front and/or back copy of your MNO card, in order to confirm that you qualify to participate in the program.**
- 3) Students must demonstrate financial need (as detailed in the School year budget page 2) in order to be eligible for bursary assistance.**
- 4) Completed applications should be submitted to the Financial Aid Office.**
- 5) Decisions on bursary applications will be mailed to the address on your application.**
- 6) A bursary is based on financial need to cover unmet educational costs. It does not have to be paid back but it is considered taxable income.**

This application package should include each of the following:

- *Cover Page**
- *Instructions Page. (i)**
- *Métis Application Form for Post Secondary Assistance (page 1)**
- *School Year Budget (page 2)**
- *Métis Qualification Form (page 3)**
- *Métis Nation of Ontario Participation Registration (page 4)**
- *Essay detailing your interest in your field of study, and how it will contribute to your future employment. As well, include a brief description on your interpretation of the Métis Culture and History. (Page 5 and additional essay pages)**

If your package is missing any of the above forms please contact your Financial Aid Officer.

MÉTIS APPLICATION FORM FOR POST-SECONDARY ASSISTANCE

NAME: _____

HOME ADDRESS: _____

CURRENT ADDRESS: _____
(If different from home)

PHONE NO. # (_____) _____

Email: _____

S.I.N#: _____ / _____ / _____

Métis Affiliation

Metis Nation of Ontario Member: Yes No

If yes, please give membership #: _____

If no, please fill out the Métis Qualification Form in this application package and attach the appropriate genealogy documentation.

Post Secondary Institution: _____

Student #: _____

Campus: _____

Program Name: _____

Program Year: 1st _____ 2nd _____ 3rd _____ 4th _____

Post Graduate: 1st _____ 2nd _____ 3rd _____ 4th _____

Briefly describe your financial situation:

STUDENT CONSENT

If awarded a bursary, I hereby grant permission for my name to be used by the Métis Nation of Ontario and /or the post-secondary institution for the purposes of promotion and marketing of the bursary program.

_____ (Signature) _____ (date)

Bursary Award

School Year Budget

This budget is based on the following study period:

Start Date: ____/____/____ End Date: ____/____/____
Day/Month/Year Day/Month/Year

Resources

Expenses

Bank Balance at beginning of term including savings from work-term	\$	Tuition and Compulsory Fees	\$
Parental Contribution	\$	Books/Supplies/Instruments/Tools	\$
Spouses Net Income \$ _____ x _____ mths	\$		
Academic Awards	\$	Rent: \$ _____ x _____ months	\$
Total OSAP	\$	Utilities: \$ _____ x _____ mths Phone: \$ _____ x _____ mths	\$
Net Part-Time Earnings	\$	Food: \$ _____ x _____ months	\$
Government Income: (Welfare, Orphan's Benefit, Family Benefits, etc.)	\$	Personal Hygiene: \$ _____ x _____ months	\$
MNOTI funding	\$		\$
Support Payments from Ex-Spouse	\$	Clothing	\$
Support Payments from Non-Custodial Parent	\$	Transportation: Local/Home	\$
Gifts	\$	Laundry: \$ _____ x _____ months	\$
Investment Income	\$	Entertainment: \$ _____ x _____ months	\$
Other Resources: (please specify)	\$	Uninsured Medical/Dental: (Receipts req'd)	\$
TOTAL RESOURCES FOR SCHOOL TERM	\$	TOTAL EDUCATION EXPENSES	\$
FINANCIAL ASSISTANCE NEEDED (Resources minus Expenses)	\$		

Declaration:

I declare that the information provided on this application is accurate and a true statement of my financial position.

Student Signature: _____ Date: _____

Contract Number: _____

Region _____



Permission to Release Information

Between

MÉTIS NATION OF ONTARIO TRAINING INITIATIVES

And

**Ministry of Community & Social Services, Human Resources Development Canada,
Ontario Student Opportunities Program, Children's Aid Society, and any other
pertinent parties.**

I _____ hereby allow MNOTI to contact the above

(PLEASE PRINT)

mentioned in order to access information about me from their files and contacts

with me.

I understand this information will be held in strict confidence and used solely to

assess my continued sponsorship and eligibility with MNOTI.

_____ Date: _____
Applicant

_____ Date: _____
MNOTI Regional Employment & Training Coordinator

PARTICIPANT REGISTRATION FORM

PARTICIPANT NAME: _____
(First Name) (Surname)

ADDRESS: _____
(Number & Street) (City/Town) (Postal Code)

TELEPHONE: _____ **D.O.B.** ____/____/____ **S.I.N.** ____-____-____

GENDER: FEMALE MALE

Please specify your Aboriginal ancestry:

- Métis Inuit First Nation Non-Status Aboriginal

Affiliated with: _____

Labour Force Attachment: Employed Un-employed Student

Type of Income Benefit: Ontario works (G.W.A., F.B.A.) or ODSP (Disability) _____ Other (define) _____

Are you currently in receipt of EI? Yes No If yes, Start Date _____

Have you been on E.I. within the last three years regular benefits? YES NO Approx. Date? _____
OR

Have you been on E.I. within the last 5 years paternity/maternity benefits? YES NO Approx. Date: _____

Marital Status: _____

Number of Dependants: _____ Ages: _____

Do you have any health or disability issues that would have an affect on your employment and/or training? Yes No

If yes, Please specify _____

HIGHEST LEVEL OF EDUCATION:

High School Year/Level Completed _____/_____ Program _____

College/University Certificate/Diploma _____/_____ Program _____

Apprenticeship License/Trade Cert. _____/_____ Program _____

Additional Training programs attended over the last three years

Drivers License: YES NO Type: _____ Vehicle: YES NO

EMPLOYMENT HISTORY:

Most Recent Employer: _____

(Company, Job title, duties, years of experience, reason for leaving)

Second Most Recent Employer:

(Company, Job title, duties, years of experience, reason for leaving)

PARTICIPANT REGISTRATION FORM

Are you seeking employment at the present time: Yes No

What type of work are you pursuing? _____

Are you willing to relocate? Yes No Where? _____

Long Term Career Goal? _____

Are you seeking training / upgrading/ skills development? Yes No

Training Requested: _____

Client Confidentiality and Consent Form

The information is collected under the authority of the Metis Human Resources Development Agreement. It is used to determine program eligibility, to conduct program evaluation and to fulfill contractual obligations with Human Resources Skills Development Canada (Service Canada). The Metis Nation of Ontario may disclose such information where we are legally authorized to do so.

Under the provisions of the Privacy Act of Canada, individuals have the right to protection, and access to, their own personal information. Instructions for obtaining personal information are available by contacting Beverley Newton, MNO's Privacy Officer at 500 Old St. Patrick, Ottawa, Ontario K1N 9G4, 613-798-1488 or 1800-263-4889.

Client Authorization Form (to be completed by the client and, if applicable a legal representative)

I, the undersigned, have read and understand the form. I acknowledge that the information provided by me is true and accurate. I do hereby consent to the disclosure and/or use of my personal information by Metis Nation of Ontario Training Initiatives and HRSDC/ Service Canada.

Signature

Date

If signing on behalf of a client:

I am the Client's Parent Guardian Legal Representative

Name (Please Print) _____

Signature

Region: _____

Contract #: _____

