

| Mississaugas of Scugog Island First Nation - Statement of Policy and Procedure    |   |                       |                                  |
|---|---|-----------------------|----------------------------------|
| Subject:  | <b>Special Requests for Education Outreach Assistance</b> | Page:                 |                                  |
| Section:  | Education   | Issue To:             | Post-Secondary Students          |
|  | APPROVALS   | Approved in Principle |                                  |
|   | Chief: Kelly LaRocca                                      | Approved By Council:  | December 20 <sup>th</sup> , 2018 |
|   | Councillor: Laura Colwell                                 | Replaces:             |                                  |
|   | Councillor: Jamie Coons                                   | Dated:                | August 2018                      |
|   | First Nation Manager: Lisa Edgar                          |                       |                                  |

## POLICY

The Mississaugas of Scugog Island First Nation (MSIFN) will accept requests for partial financial assistance from aboriginal and non-aboriginal post-secondary students, excluding those who are eligible and/or in receipt of the assistance through the MSIFN Education Assistance Program (EAP). All financial assistance is subject to the availability of funds in the annual budget and the number of applicants to the program.

## PURPOSE

The objective of the MSIFN Education Outreach Assistance program is to provide assistance to post-secondary students (not in receipt of the MSIFN EAP) who are experiencing a shortfall in their present funding and is not intended to cover all education costs.

The Special Requests for Education (SRE) is one of assistance and is not intended to entirely support students as they pursue a program of study. While the MSIFN strives to assist with some tuition costs, students are expected to enhance SRE assistance with parental contributions and the student's personal funds to fund the student's education program. Students **will be required to apply for all available funding programs, such as OSAP and bursaries and scholarships** for funding for their elected program. **Proof of the applications and monies awarded will be required for the consideration for MSIFN tuition assistance.**

## SCOPE

This statement of policy and procedure applies to aboriginal and non-aboriginal students not in receipt of assistance through the MSIFN EAP.

## ELIGIBLE COSTS

The following costs are considered eligible for the Education Outreach program pending proof of expenses:

Partial assistance with tuition:

- Assistance for **College tuition** to a maximum of **\$1,500** and
- **University tuition** to a maximum of **\$3,000**.

The Education Committee will determine the assistance for extraordinary circumstances such as, profound disabilities or situations that are beyond the control of the student.

## ELIGIBLE INSTITUTIONS

Eligible institutions include Ontario colleges and universities that are recognized as public or private institutions by the Ministry of Training, Colleges and Universities.

## **PRIORITY**

Applications that meet most or all the following requirements will be given higher priority.

1. Full-time studies
2. First program of study
3. Applications for assistance from other organizations have been denied

## **ACCOUNTABILITY**

Students who are approved for financial assistance are expected to attend the program identified in their application and remain conscientious in pursuing their academic program by attending classes throughout the academic year.

Students who withdraw from the program must notify the MSIFN Education Advisor immediately. Students are responsible for returning any payments (e.g. for textbooks, living allowance, travel) if the withdrawal occurs before the start of the program.

Every effort will be made by the MSIFN Education Advisor to recover payments made to students who misuse funding by not fulfilling the terms of assistance program or who misrepresent their program status on the application. If misuse of funding is suspected the Education Advisor will contact the institution and the student will be notified in writing in accordance with the above. If there is no response from the notification, funding will be terminated, and collection efforts commenced. Methods of recovery may include the use of outside agencies. Future funding will be denied.

## **RESPONSIBILITY**

### **Students are responsible for**

- Reading this policy document and ensuring they understand it;
- Requesting an application package from the Education Advisor prior to making an application;
- Submitting a completed application package along with supporting documentation to the Education Advisor by the annual submission deadline stated in the 'Procedure' section of this policy;
- Signing an agreement to adhere to the terms and conditions of their assistance (see appendix).

### **The Education Advisor is responsible for**

- Referring to the procedures in this policy to make recommendations for the approval or denial of requests for partial education assistance;
- providing students with information on the guidelines set out in this policy, as well as any changes;
- providing students with an application package and list of required documents to accompany the student's application;
- informing students of the deadline for applications;
- screening all applications for assistance and providing recommendations with respect to the approval or denial of each application to the MSIFN Education Committee;
- informing the student, in writing, of the decision with respect to their application;
- preparing and submitting cheque requisitions for payment of student tuition, compulsory fees, books, travel or living expenses;
- monitoring students at their educational institution to confirm financial information and student registration.



### **The MSIFN Education Committee is responsible for**

- Reviewing this policy on an annual basis at the request of the Education Advisor and providing feedback or approval of proposed revisions;
- forwarding policy revisions to the MSIFN Chief and Council for their information and review;
- reviewing applications for Education Outreach assistance. Committee members will review the Education Advisor's recommendations with respect to each application, and provide their approval, denial or feedback according to the guidelines set out in this policy;

### **Finance is responsible for**

Transmitting tuition payments to the post-secondary institute on behalf of students have been approved for Education Outreach assistance, at the request of the Education Advisor.

### **The MSIFN Chief and Council is responsible for**

- Reviewing and approving proposed revisions to the MSIFN education policies;

## **PROCEDURE**

- 1) Individuals must submit an application package that includes all of the following documents in order to have their request considered by the MSIFN Education Committee:
- 2)
  - Completed application form (attached).
  - Letter of acceptance from the post-secondary institution
  - Proof of application to other funding organizations (e.g. completed applications, denial letters)
  - Tuition fee statement or invoice
  - Signed copy of the *Consent to Release of Information* form
  - Signed copy of the *Agreement to adhere to Policy* form
  - Letters of support from a teacher or community member who can attest to the student's educational goals and achievements.
  - Official transcript if the applicant is a continuing student.
- 3) The application package must be received by the Education Advisor at the latest by **June 30<sup>th</sup>**.
- 4) The student's completed application package can be sent to the Education Advisor using one of the following methods:
- 5)

Fax: (905) 985-7958  
Mail: Mary-Anne Hoggarth, Education Advisor  
The Mississaugas of Scugog Island First Nation  
22600 Island Road  
Port Perry ON L9L 1B6  
Email: mhoggarth@scugogfirstnation.com
- 6) The Education Advisor will review completed applications and make recommendations for the approval or denial of assistance according to the guidelines in this policy document. This will be presented to the Education Committee on a first come, first serve basis.
- 7) The Education Committee will meet to review the recommendations of the Education Advisor and select successful applicants.
- 8) Education Advisor and/or Education Committee may request additional information to come to a decision.
- 9) Applicants will be notified in writing of the decision.



10) Students who have been approved for financial assistance must review the Education policy and terms of assistance with the Education Advisor and sign the *Agreement to Adhere to Policy* form before any payments can be made (i.e. tuition).

**Appeals**

All decisions are final

**ATTACHMENTS**

Special Requests for Education Outreach Assistance Application  
Consent to the Release or Disclosure of Information  
Agreement to Adhere to Policy





## **Special Requests for Education Outreach Application Form**

### **Directions:**

1. Read the attached *Education Outreach Policy and Procedures* document before completing this application.
2. Complete all fields of this application document.
3. Attach the required supporting documentation:
  - *Letter of acceptance from the educational institution*
  - *Proof of application to other funding sources (ie: **OSAP**, **RESP**'s, denial from other First Nations)*
  - *Tuition fee statement or invoice*
  - *Signed copy of the **Consent to the Disclosure or Release of Information** form*
  - *Letter(s) of support from a teacher or community member*
  - *Official transcript if a continuing student*
4. Return the completed application form and supporting documentation to the MSIFN Education Advisor by **June 30<sup>th</sup>** (see contact methods below). Requests received after this date will be subject to the availability of funds. All funds are on a first come, first serve basis.

#### **Mail:**

**Mary-Anne Hoggarth**

Education Advisor

MSIFN Health and Resource Centre

22600 Island Road

Port Perry ON L9L 1B6

**Fax:** (905) 985-1826 X 224

**E-mail:** [mhoggarth@scugogfirstnation.com](mailto:mhoggarth@scugogfirstnation.com)



**Personal Information**

**Social Insurance Number:**

**Date of Birth:**

**Surname:**

**First Name:**

**Middle Name:**

**Address:**

**City/Town:**

**Province:**

**Postal Code:**

**Telephone:**

**Email:**

**Education Plan:**

**Full Time                      Part Time**

**Anticipated Graduation Date: \_\_\_\_\_**

**Length of Program in Years: \_\_\_\_\_**

**Level 1 – College**

**Start Date: (mm/yr) \_\_\_\_\_**

**End Date: (mm/yr): \_\_\_\_\_**

**Level 2 – Undergraduate (B.A, B.Ed, B.S.W, LL.B)**

**Start Date: (mm/yr) \_\_\_\_\_**

**End Date: (mm/yr): \_\_\_\_\_**

**Level 3 – Graduate or Professional (i.e.: M.D, M.A)**

**Start Date: (mm/yr) \_\_\_\_\_**

**End Date: (mm/yr): \_\_\_\_\_**

**Level 4 – (ie.: PhD’s, etc.)**

**Start Date: (mm/yr) \_\_\_\_\_**

**End Date: (mm/yr): \_\_\_\_\_**



**Institution:**

**City:**

**Province:**

**Have you received MSIFN Education Assistance before?**

**No**

**Yes** 

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Need:**

**Explain why you are making an application for Education Outreach Assistance:**

**Describe how the assistance (if awarded) will help you achieve your educational goals:**



### Section 4 - School Year Budget

This budget is based on the following study period:

**Start Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day/ Month/ Year

**End Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day/ Month/ Year

#### **Resources**

#### **Expenses**

|  |    |   |    |
|--|----|---|----|
| <b>Balance at beginning of term, including savings from work-term</b>  | \$ | <b>Tuition and compulsory fees</b>                                  | \$ |
| <b>Parental contribution</b>   | \$ | <b>Books/supplies</b>   | \$ |
| <b>Spouse's net income</b><br>(monthly income x # of months in school) | \$ | <b>Transportation</b>   | \$ |
| <b>Academic awards</b>   | \$ | <b>Rent:</b><br>(monthly amount x # of months in school)            | \$ |
| <b>Total OSAP</b>  | \$ | <b>Utilities</b> (monthly amount x # of months in school)           | \$ |
| <b>Net part-time earnings</b>  | \$ | <b>Phone</b> (monthly amount x # of months in school)               | \$ |
| <b>Other income</b> (Ontario Works, EI, etc.)                          | \$ | <b>Food</b> (monthly amount x # of months in school)                | \$ |
| <b>Other scholarships, bursaries, education funding</b>                | \$ | <b>Personal Hygiene</b><br>(monthly amount x # of months in school) | \$ |
| <b>Support Payments</b>  | \$ | <b>Child care</b> (monthly amount x # of months in school)          | \$ |
| <b>Gifts</b>   | \$ | <b>Clothing</b> (monthly amount x # of months in school)            | \$ |
| <b>Investment income</b>   | \$ | <b>Laundry</b> (monthly amount x # of months in school)             | \$ |
| <b>Other resources</b>   | \$ | <b>Entertainment</b> (monthly amount x # of months in school)       | \$ |
| <b>TOTAL RESOURCES FOR SCHOOL TERM</b>                                 | \$ | <b>Uninsured medical/dental</b><br>(receipts required)              | \$ |
| <b>Financial Assistance Needed (Resources minus expenses)</b>          | \$ | <b>TOTAL EXPENSES FOR SCHOOL TERM</b>                               | \$ |

### Section 5 – Declaration of Applicant

- I have read and fully understand the policy and procedures (attached) that govern the application and administration of assistance, and I have provided answers to all questions which apply to me.
- I certify that all information contained on this form is true and accurate.
- I hereby give consent for the MSIFN Education Advisor to share this information with the MSIFN Education Committee for selection purposes and with MSIFN Chief and Council should my application be successful.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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

**The Mississaugas of Scugog Island First Nation**

**22600 Island Road**

**Port Perry, Ontario L9L 1B6**

Pursuant to Sections 42 (1) (b) and (c) of the *Freedom of Information and Protection of Privacy Act* (the Act), R.S.O. 1990, c. F.31:

**NAME** \_\_\_\_\_

**COLLEGE/UNIVERSITY** \_\_\_\_\_

As a sponsored student through the Scugog Island First Nation Education Outreach Program, I the undersigned

\_\_\_\_\_ consent to the Release of Information to the Education Advisor,  
Name of Student

for the Mississaugas of Scugog Island First Nation

- Students receiving financial assistance and their parents are required to sign a **Consent to the Disclosure or Release of Information** form.
- This form will authorize the institution to release information to the Education Advisor for Scugog Island First Nation, pertaining to student registration and financial information.
- I agree to have my name published with respect to accomplishments or achievements made.

Also, I consent to disclosure of this information to appropriate staff of the Scugog Island First Nation when deemed necessary.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Education Advisor

\_\_\_\_\_  
Date

**Contact Information**

**(905) 985-1826 ext 224**

**Email: [mhoggarth@scugogfirstnation.com](mailto:mhoggarth@scugogfirstnation.com)**



