



# APPLICATION FOR EDUCATIONAL SPONSORSHIP

BERENS RIVER STUDENT SERVICES

**APPLICATION DATE:** \_\_\_\_\_ **All Sections must be completed to be accepted**

## APPLICANT INFORMATION (Complete Information is Required)

Band No: \_\_\_\_\_ Treaty No: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Social Insurance No. \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_ Number of Dependents: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

## DEPENDENTS (List spousal and/or children living at home) **Must Be Registered Band Members** for Approval

Marital Status: Single  Married  Common Law  **Treaty Information is required**

Spousal Name: \_\_\_\_\_ Treaty No. \_\_\_\_\_

Will Live with Me:  Will Be a Full-Time Student:  Will Be Employed:

Will Be Unemployed Claim as a Dependent:  (Any Additional Dependents, continue on the back of page)

Child's Name	Birthdate	Treaty No. (Required)
_____	_____	_____
_____	_____	_____
_____	_____	_____

## FIELD OF EDUCATION **All Fields Must be completely filled in to be accepted**

Program/Course: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Location \_\_\_\_\_ Student Number: \_\_\_\_\_

Duration of the Program/Training: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Request Classification for Training & Institution

Application Period: **Fall** (Sept-December)  **Winter** (January-April)

Attendance **Part-Time**  **Full-Time**

### Type of Training

Academic Upgrading  Trades & Technology  University/Bachelors   
(UCEP)

Community College  University Masters  Other

Upcoming Year of Study: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_

## EDUCATION BACKGROUND

Highest Grade Completed: \_\_\_\_\_ Have you gone for further education since you left school? \_\_\_\_\_

If Yes, please indicate it below: Previous Level Year Name of Institution

	Previous Level	Year	Name of Institution
Adult Based Education (ABE) M12			
General Education Development			
Adult Education Centre (AEC)			
Other (Specify)			

### If you have previously enrolled in any post secondary education, please indicate it below:

Name of Institution From mm/yy To mm/yy Partial/Completed Program/Courses Type of Funding Provided

Name of Institution	From mm/yy	To mm/yy	Partial/Completed	Program/Courses	Type of Funding Provided
_____					
_____					
_____					

Did you Successfully complete the previous program? \_\_\_\_\_

If No, Why did you withdraw from the Program: \_\_\_\_\_

How many credits did you attain? \_\_\_\_\_

**Berens River First Nation Student Services**  
830 Empress Street  
Winnipeg, Manitoba  
R3G 3H3

Phone: (204) 982-0690  
Fax: (204) 982-0698

WWW.BERENSRIVER.CA

**Deadline for Applications**  
**April 30**

**Deadline for Transcripts/  
Acceptance Letters**  
**June 1**

### Reminder\*

**We will not accept any late applications after April 30.**

**Please adhere to our policy standards.**

Please Read the Terms & Conditions of this contract on the opposite side of this page

### DOCUMENTS REQUIRED

RECENT TRANSCRIPT

ACCEPTANCE LETTER

We will accept only **COMPLETE** Applications

LETTER OF

RECOMMENDATION

AUTOBIOGRAPHY/ESSAY

Applicants without these documents **will not** be accepted.

Are you currently receiving Social Assistance? If yes, please explain

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Are you currently on/or have ever received E.I. benefits in the last 3 years? If yes, please explain

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Are you currently on/or have you ever been on a E.I. maternity/paternity claim in the last 5 years? If yes, please explain

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Are you presently residing off-reserve? If yes, please state the duration of that period \_\_\_\_\_

### **APPLICATION REQUIREMENTS**

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You are required to provide each of the following to activate this application for processing.

- Latest Transcripts (Mandatory)**
- Autobiography (For First Time Applicants Only)**
- Written Essay (For Continuing Students Only)**
- Letters of Recommendation (For Past Suspended Students or Previously Voluntarily Withdrawn)**

**LATEST TRANSCRIPTS** Submit your most recent transcript from previous Grade 12 or last Post Secondary Institution.

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**LETTERS OF RECOMMENDATION** Please enclose at least two (2) letters of recommendation from references (other than immediate family), from previous employers, teachers/professors, and supervisors/counsellors. These recommendations will determine the final assessment of this application towards rewarding any financial assistance. Your application will not be considered without attached letters of recommendation. **Required for all previously suspended students or students whom have voluntarily withdrawn from a previous sponsorship.**

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**AUTOBIOGRAPHY (For First Time Applicants)** It is important that you write this autobiography about yourself. It should be a brief story of your life focusing on information that would be helpful for us in assessing your application. Please submit your autobiography typed or handwritten attached to this application. Please include the following points below when writing your autobiography.

- Where were you born & raised?
- Please describe your Family Relatives living on/off reserve.
- Where did you receive your previous education?
- Describe your current family life & situation.
- Describe your program of choice in detail that will help us plan your sponsorship better
- Describe your strengths & weaknesses.
- What is your involvement in the community? Parents, Grandparents, etc
- Outline Short and Long-term Goals for your education.

**WRITTEN ESSAY (For Continuing Students Only)** Please submit an essay on your experiences to date in your education, touching upon the following points:

- Your thoughts on your program of study to date.
- What your greatest challenges have been in the past year.
- What Personal adjustments you have had to make to put education first in your life.
- What your goals are for this coming year.
- What recommendations you would like to carry forward to future students and continuing applicants.

### **DEADLINES**

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Fall/Winter Applications	<b>APRIL 30</b>
Transcripts/Acceptance Letters	<b>JUNE 01</b>
Application Results Mailed	<b>JULY 01</b>

- \* **Please note that all applications must be completely filled out & with all required documents.**
- \*\* **Incomplete Applications will not be accepted. Ensure your mailing address is Up to Date!**
- \*\*\* **Berens River Applicants, please be sure to list your P.O. Box number along with your current email address & phone numbers!**

**Please be sure to deliver your application via Fax, Email or Mail Delivery.**  
For further information or questions, please visit [www.berensriver.ca](http://www.berensriver.ca)

## APPLICANT RESPONSIBILITY

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- To Submit a Berens River Student Services Application for each new fiscal year with the required documents.
- To register for a total of 18-30 Credit Hours per Fall/Winter Session and submit registration form to Berens River Student Services to maintain Full-Time student status.
- Part-Time Students must provide a copy of registration or course schedule.
- To submit a request for books and supplies for each term/semester.
- To Submit monthly progress reports by the end of each month before collecting your allowance cheque.
- To attend all scheduled classes regularly and consistently.
- To Consult with the counsellor if any problems arise academically, emotionally, physically, and financially.
- To Consult with the Counsellor on changes regarding dependents, address of residence, academics, etc.
- To Consult with the Academic & Sponsoring Counsellor prior to withdrawing from any course/program.
- To meet the standards required by the Post-Secondary Institution and Berens River Student Services for continuation in my program of studies. E.g. "C" Average 2.0 GPA or its equivalent.
- To Provide my marks and reports to Berens River Student Services, as available or upon my counsellor's request.
- Sign and Complete a release of transcript form attached to this application, or sponsorship will not be reviewed.

## POLICIES & GUIDELINES

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- Student allowances are based on marital status, number of dependents and spouse's status. (employed or unemployed)
- Dependents claimed including spouse, must be band members of Berens River First Nation for approval.
- All Allowance Cheques are post dated for the 1st business day of each month. We do not do Direct Deposit.
- Tuition fees are paid directly to the institution by Berens River Student Services.
- Laptops or Computers will not be the responsibility of Berens River Student Services.
- Special Program Supplies must be requested in writing or by email.
- Universities & Colleges are given a Letter of Sponsorship for students to charge text books on credit account.
- Seasonal travel is authorized to students who have permanent residence on-reserve and have to leave the community to attend classes. Two return trips per year. (Sept, June, and Christmas Return).
- Berens River Post Secondary Travel will only approve travel arrangements with Northway Aviation or approved gas mileage, including Graduation Guest Travel
- All Eligible Travel; Arrangements must be requested two weeks before the departure date.
- Emergency travel: Death of immediate family member. (i.e. Parents, grandparents, siblings).
- Berens River Student Services will not be responsible for any outstanding debts incurred by students (e.g. bank loans, student loans, credit cards, fines, and associated University/College fines, or loans).
- Applications are reviewed and approved by an Education Selection Committee made up of representatives from the community appointed by Chief & Council.
- Selection is made based on Community needs and post-secondary budget limitations.
- Berens River Student Services does not sponsor vanity programs (ie. Hairstyling, cosmetics, esthetics, etc.)
- **Incomplete Applications will not be subject for review until all required documents are attached.**

## APPLICANT AGREEMENT

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**I acknowledge that this document is only an application and cannot be construed as a guarantee for approved sponsorship.**

**I have read and understand the Student Responsibilities & Policies and Guidelines. I hereby apply for educational funding based on the personal information provided.**

**I authorize the release of information from First Nations Social Services Agencies, or Provincial Security, to BRSS to obtain any information required to determine my and/or dependents eligibility for Educational Assistance. I also give permission to Berens River Student Services to verify or confirm with any source the correctness and accuracy of the information contained in this application. As well, I do hereby give permission to BRSS to disclose any information regarding my student sponsorship to the appropriate authorities at the local First Nation (i.e. Any School Board Member, Social Assistance Worker).**

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

\_\_\_\_\_  
\*Signature of Applicant

*\*Please date & sign to complete this application, we cannot accept applications without the student's signature. Thank you!*

**CONTINUED >>**

**APPLICANT RESPONSIBILITY**

Mandatory for all Sponsorships to be approved, please fill out this form before submitting to Berens River Student Services. Required for all applicants, including sponsorship renewals. Thank you.

**MANDATORY REQUIREMENT - PLEASE FILL OUT THIS FORM, DATE & SIGN.**

**Student Authorization  
For  
RELEASE OF INFORMATION**

(Please Print)

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ DATE: \_\_\_\_\_

Student gives permission to: *(Name of Institution)* \_\_\_\_\_  
to release a copy of my transcript, progress report, attendance report and final marks (for courses which I have been sponsored to take in the past and/or for courses for which I am now registered) to:

**Berens River Student Services  
830 Empress Street  
Winnipeg, Manitoba R3G 3H3**

Fax: (204) 982-0698

Email: [studentservices@berensriver.ca](mailto:studentservices@berensriver.ca)

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

▼ FOR OFFICE USE ONLY ▼

Updated: March 26, 2024

**COUNSELLOR'S COMMENTS & RECOMMENDATIONS**

I Recommend  I Do Not Recommend  The Approval of this Application

Because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
COUNSELLOR'S SIGNATURE

THIS APPLICATION IS: APPROVED  DEFERRED  HOLD  Reason: \_\_\_\_\_

Specify Conditions if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
EDUCATION COMMITTEE CHAIR      EDUCATION COMMITTEE MEMBER      EDUCATION COMMITTEE MEMBER  
\_\_\_\_\_  
EDUCATION COMMITTEE MEMBER      EDUCATION COMMITTEE MEMBER      EDUCATION DIRECTOR