



**Eel River Bar First Nation  
Education Department**

11 Main Street, Unit 201, Eel River Bar, NB  
E8C 1A1

Phone: (506) 684-6297 Fax: (506) 684-6284

## **Post-Secondary Education Requirements**

**POST SECONDARY STUDENTS** : When applying for the student incentive the department ask that student provide **proof of enrollment**.

Please provide myself The Education Department Assistant ( Shylah Peter-Paul Godin) with a **class schedule for each term**, (Fall, Winter, Spring) and a **letter/email of acceptance** that is provided by your institution.

Thank you/Wela'lin for your cooperation, and best of luck during your studies.

Shylah Peter-Paul Godin,

Education Department  
Eel River Bar First Nations

Email: **shylah.peterpaul@eelriverbar.ca**

Fax:684-6282

Direct line:684-6334

**You can also drop off completed applications at the Education Department at the Eel River Bar Band Office.**



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## Application for Post-Secondary Student Assistance Student Information

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

Male  Female  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Band # \_\_\_\_\_ E-mail \_\_\_\_\_

Phone # \_\_\_\_\_

Application Status:

New Student (  )      Re-Enrolled (  )      Application Change (  )

Home Address

Address while at University/College


### Banking information

Bank: \_\_\_\_\_ Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

Branch: \_\_\_\_\_

## Current Educational Plan

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Student # \_\_\_\_\_

Type of Program: **Certificate:** (     ) **Diploma:** (     ) **Degree:** Bachelors (     )  
Masters (     )  
PhD (     )

Program Title \_\_\_\_\_ Field \_\_\_\_\_

Length of Program: Years \_\_\_\_\_ Months \_\_\_\_\_ Years of Study: \_\_\_ of \_\_\_

Study Status: *Full Time* \_\_\_\_\_ OR *Part time* \_\_\_\_\_

Effective Term(s) Semesters(s): Fall (     ) Winter (     ) Spring (     ) Summer (     )

From: \_\_\_\_\_ .To \_\_\_\_\_  
          D    M    Y            D    M    Y

Will you be staying in residence? Yes \_\_\_\_\_ No \_\_\_\_\_

*I Declare that the information I have provided is accurate to the best of my knowledge.*

Signature of Applicant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_



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**Release of Personal Information Waiver**

I, \_\_\_\_\_ give permission to \_\_\_\_\_  
(Name of Student) (Name of Post-Secondary Institution)

to release all pertinent information related to my academic performance for the 2019-2020 academic terms

and share them with Shylah Peter-Paul Godin the Education Department Assistant and the Director of Education for Eel River Bar Post-Secondary Education Program.

\_\_\_\_\_  
(Signature of Student) Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Witness) Date: \_\_\_\_\_

## Student Declaration of Understanding

*I hereby make application for post-secondary educational financial assistance and accept the following conditions for such support:*

1. I have read, understood and agreed to the Eel River Bar Education contract for Post-Secondary Students.
2. To manage the approved financial assistance to the best of my ability.
3. To promptly report any changes to my student/or program studies;
4. To promptly report voluntary withdrawal from studies as you will be held accountable for the potential loss of refundable incentive dollars paid beyond this point;
5. To meet the standards required by the Eel River Bar Education Department;
6. To provide transcripts or statements of academic performance to the Eel River Bar Education Department at the end of each semester;
7. I understand that any misrepresentation or omission of information is adequate cause for refusal or termination of funding by the Eel River Bar Education Department.

**Please Sign below AFTER you have read the above student declaration of Understanding.**

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please make sure that your application is completed in its entirety, or it will be sent back to you for completion)*

Notes: New students must attach to this application an official **"Letter of Acceptance"** from the post-secondary institution.

Continuing students must attach an **"official Transcript"** of their final marks for the previous term of study

**Please return your completed application and documents to the Eel River Bar Education Department Assistant Shylah PeterPaul Godin**

**You can contact me via e-mail:**

**shylah.peterpaul@eelriverbar.ca**

**Fax #: 684-6334**

**Direct line: 684-6334**

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