



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

NEW STUDENT POST-SECONDARY ASSISTANCE PROGRAM CHECK LIST

SEVEN NECESSARY DOCUMENTS

- AMBE PSAP Application
- MCA Membership Confirmation (Completed and Signed by OVS)
- High School Diploma or GED
- Institution Acceptance Letter
- Essay about academic and career goals (2 paragraphs)
- Career Interest Inventory- www.careeronestop.org (Interest Assessment)
- AMBE PSAP Financial Planning Form
- Bursary or Grant Application (Canadian Institutes only) **-OR-** Financial Aid Form (U.S Institutes only)

LIVING ARRANGEMENTS (only check one)

- In Residence on campus (Dormitory)
- Off-campus Apartment
- Commuting from Akwesasne

DEADLINE: Fall July 8, 2022

DEADLINE: Winter/Spring November 4, 2022 (If funds are available)

All documents must be submitted *together with this document* by the deadline in order for the application to be complete. Incomplete applications are not eligible for assistance. My signature indicates that I understand all the above documents must be submitted and complete in order to receive AMBE Post-Secondary Assistance.

STUDENT SIGNATURE _____

COLLEGE/UNIVERSITY _____

MAJOR/COURSE OF STUDY _____



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION
Post-Secondary Assistance Program

POST-SECONDARY ASSISTANCE PROGRAM APPLICATION
(Confidential When Completed)

Student Do Not Write in Shaded Areas

STUDENT IDENTIFIER

<input type="checkbox"/> New Student	<input type="checkbox"/> Continuing	<input type="checkbox"/> Re-enrollment	Today's Date: _____ / _____ / _____										
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		<i>Month Day Year</i>										
Band Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 12.5px; height: 15px;"></td><td style="width: 12.5px; height: 15px;"></td><td style="width: 12.5px; height: 15px;"></td><td style="width: 12.5px; height: 15px;"></td><td style="width: 12.5px; height: 15px;"></td><td style="width: 12.5px; height: 15px;"></td><td style="width: 12.5px; height: 15px;"></td><td style="width: 12.5px; height: 15px;"></td><td style="width: 12.5px; height: 15px;"></td><td style="width: 12.5px; height: 15px;"></td></tr></table>												Birth Date: _____ / _____ / _____	
			<i>Month Day Year</i>										

STUDENT INFORMATION

Last Name:	First/Middle Name:	Other Names: <i>(Nickname)</i>
Address:	Province:	Postal Code: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
Dependents: <i>(children under 18)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowance Category: <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Employed Spouse <input type="checkbox"/> Unemployed Spouse	
Email:	Phone:	

EDUCATION PLAN

Type of Program: <input type="checkbox"/> 1 Yr. College Certificate <input type="checkbox"/> Associate/Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate/Professional/Master Degree <input type="checkbox"/> J.D. <input type="checkbox"/> Ph.D./Doctorate <input type="checkbox"/> CAS		
Program / Course/ Major:	Institution Name:	Instructional type: <input type="checkbox"/> Online <input type="checkbox"/> In class <input type="checkbox"/> Both Online and in class
Length of Program / Course: <i>(# of Years)</i>	Current Year of Study: 1 st 2 nd 3 rd 4 th <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Anticipated Date of Graduation: _____/_____/_____ Month Year
Attendance Dates: <i>(this school year only)</i> From _____ To _____ Month Year Month Year		Residence While at School: <input type="checkbox"/> Dormitory <input type="checkbox"/> Home <input type="checkbox"/> Apartment

Office Use:

RESIDENCY I: **RESIDENCY II:**

OTHER CONTACT INFORMATION

Name of spouse/partner:
Spouse/Partner Email & Cell #:
Emergency Contact Name & Relationship:
Emergency Contact Email & Cell #:
Parent name(s):
Parent Email & Cell #:

ACADEMIC HISTORY

Elementary School(s) Attended:		
High School Attended: CCVS Salmon River MCHS Other:		
High School Address:		
Did you graduate? If yes, what year? Yes	GED? If yes, what year? Yes	
Have you received educational assistance from the Ahkwesahsne Mohawk Board of Education PSAP in previous years? If yes, please list the years:	Yes	No
List the most recent college(s)/university(ies) you attended:		
1. Name of college/university:		
Address:	Program Enrolled:	
Did you graduate? Yes No	If yes, what year?	
2. Name of college/university:		
Address:	Program Enrolled:	
Did you graduate? Yes No	If yes, what year?	

EMPLOYMENT STATUS

Will you be working while attending school?	Yes	No
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> I will not be working

DECLARATION AGREEMENT

I understand the following as conditions for sponsorship by the AMBE PSAP. All information will be held in strict confidence and without prejudice. Please initial each line.

1. To attend classes regularly and consistently.
2. To consult with the AMBE PSAP if any academic difficulties occur.
3. To provide the AMBE PSAP with a copy of my semester grades as soon as possible and no later than 15 business days from the completion of each semester.
4. **Immediately notify the Post-Secondary Manager if I withdraw from college or if I am no longer attending classes.**
5. Meet or exceed the minimum grade requirements of the AMBE PSAP and understand that if I do not meet these requirements, my funding will be withdrawn.
6. Immediately declare all Grants/Fellowships, monetary awards and/or other monies awarded to me, excluding merit based awards.
7. I agree to allow the AMBE PSAP to share my information with other agencies as needed to include, but not limited to the Akwesasne Area Management Board, MCA Community Support (Welfare), MCA Economic Development, and St. Regis Mohawk Higher Education Program.
8. OSAP will be applied to tuition and residence fees **FIRST** and AMBE PSAP will pay the remaining balance if needed.
9. All the information provided by me on this form is accurate and complete to the best of my knowledge. I agree to the conditions as outlined above.
10. **I have read and understand the AMBE PSAP Administrative Guidelines and my responsibilities as a student. I understand that I need to apply for financial assistance each academic year.**

Signature

Date

RETURN APPLICATION AND OTHER DOCUMENTS IN PERSON TO:

In our drop box or at our office located at
Iohahi:io

We also accept email submissions to
veronica.jacobs@ambe.ca
Or erin.jacobs@ambe.ca

Ahkwesasne Mohawk Board of Education
Post-Secondary Assistance Program
PO Box 819, Cornwall, ON K6H 5T7
PO Box 204, Hogansburg, NY 13655
Phone: (613) 575-2754
Fax: (613) 575-1478

Date Rec'd

Reviewed by:



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION
Post-Secondary Assistance Program

**MOHAWKS OF AKWESASNE
Membership Confirmation**

PART I: STUDENT INFORMATION

Name: _____

Date of Birth: _____

Registry Number: _____

I have applied to the Ahkwesahsne Mohawk Board of Education Post-Secondary Assistance Program. The Board will need additional membership information as listed in part II before assistance can be determined. When complete, please forward to the Board Office.

Student Signature: _____

PART II: STATUS OF MEMBERSHIP

- Member under Akwesasne Membership Code**
- Probationary member under the Akwesasne Membership Code**
Expiration Date of Probation Period: _____
- Not a member under Akwesasne Membership Code**

Manager/Membership Officer
Office of Vital Statistics

Date

“le thi ha hon:nien – We make the road for them.”



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

AMBE PSAP Financial Planning Form

NAME: _____ SCHOOL YEAR: _____

INSTITUTION: _____ MAJOR: _____

*** Please read carefully & be aware of AMBE PSAP maximum amounts**

ALL STUDENTS

Book Advance per semester: \$300 (any expenditure exceeding this amount must be justified by receipts and will be reimbursed up to \$1,000)

Travel per semester: \$300 (to be used towards travel fees like parking registration, parking passes, gas, commuting expenses, city bus passes, OC Transpo, UPaßs, etc)

Living On-Campus (In Residence)

Tuition and Fees per semester: Up to \$4,000 maximum (not including health insurance, dental insurance, U-Pass, etc. Student must opt out)

Residence Fees per semester: Up to \$5,000 maximum (this includes RESIDENCE and MEAL PLAN)

It is the student's responsibility to be aware of Residence amounts

**OSAP WILL BE APPLIED TO TUITION AND RESIDENCE FEES FIRST AND AMBE PSAP WILL PAY THE REMAINING BALANCE IF NEEDED.*

Commuting or living Off-Campus

Tuition and Fees per semester: Up to \$4,000 maximum (not including health insurance, dental insurance, U-Pass, etc. Student must opt out)

**OSAP WILL BE APPLIED TO TUITION FIRST AND AMBE PSAP WILL PAY THE REMAINING BALANCE IF NEEDED.*

Monthly Living Allowance: \$1250/month- Single Student

(4 months per semester) \$1350/month- One or more Dependents

AMBE PSAP sponsorship is on a semester basis. Sponsorship is based on a student's minimum academic achievement of attaining a 2.0 semester GPA on a 4.0 scale.

***Please remember the AMBE PSAP cannot sponsor health, vision, dental insurance, parking fees, U-Pass or bus pass. We also do not pay any fines you may incur.**

I have read the semester award breakdown above and understand the sponsorship amounts, specifically that I will receive EITHER the residence and meal plan coverage, OR a monthly living allowance (not both). If there is a tuition balance I understand I have to pay it or use a bursary to pay it. I am also responsible to top up my meal plan when sponsorship fund is exhausted and pay any room charge balance.

Sign: _____

Date: _____





AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

POST-SECONDARY ASSISTANCE PROGRAM

Financial Aid Application Checklist for **NEW STUDENTS Attending a Canadian Institution**

Did I:

- Complete the OCAS application at www.ontariocolleges.ca or OUAC application at www.ouac.on.ca.
- Respond to OCAS or OUAC on-line when necessary.
- Give the Post-Secondary Assistance Program, my acceptance letter and tuition bill.
- If I decide to live on campus, give the Post-Secondary Assistance Program copies of those bills, and complete the application forms for the residence and meal plan and send back to campus.
- Notify the Post-Secondary Assistance Program about my residence (on campus, apartment in college town, or commuting from home).
- Complete everything else required for AMBE Post-Secondary Assistance Program:
 1. AMBE PSAP Application
 2. MCA Membership Confirmation Form
 3. Copy of High School Diploma or GED
 4. Copy of Institution Acceptance Letter
 5. Essay about academic and career goals (two paragraphs)
 6. Copy of Career Interest Inventory (www.careeronestop.org) Interest Assessment
 7. Copy of AMBE PSAP Financial Planning Form and Bursary or Grant Application

Lastly ...

1. Contact Veronica Jacobs Post-Secondary Manager, at AMBE (613) 575-2754 if you have any questions.
2. Contact your educational institution to make sure they have all the paperwork necessary for you to receive financial aid or email veronica.jacobs@ambe.ca.

****Financial Aid Application Deadlines****
AMBE Post-Secondary Assistance Program
July 8 (Fall) November 4 (Winter/Spring)
(If funds are available)



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

Bursary or Grant Application for Canadian Institutes

Students are required to apply for a bursary or grant. A copy of the application or confirmation of receipt is needed.

The following is a list of some bursaries that students may apply to:

Indigenous Bursaries Search Tool	www.aadnc-aandc.gc.ca/eng/1351687337141/1351687403171
ONECA Transitions	www.oneca.com/transitions/scholarships.html
Indspire	www.indspire.ca
Dreamcatchers' Fund	www.dcfund.ca
Ontario Student Assistance Program	www.ontario.ca/OSAP
Ontario Graduate Scholarships	www.cou.on.ca/key-issues/education/graduate-education/ogs/
OPG Student Awards	www.mypowercareer.com/student-awards/
Hydro One Awards	www.hydroone.com/careers/one-awards

Students are also encouraged to apply for other bursaries that are not listed here. Contact your college/universities financial aid office to see if they have a list of bursaries that are you eligible for.



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

POST-SECONDARY ASSISTANCE PROGRAM

Financial Aid Application Checklist for **NEW STUDENTS** Attending a U.S. Institution

Did I:

- Complete the FAFSA application at www.fafsa.ed.gov.
- Complete the TLAP Application and return to the Higher Education Program- SRMT.
- Complete the Tribal Trust Application and return to the Higher Education Program- SRMT.
- Complete the New York State Native Aid Application. A copy can be obtained from the Higher Education Program- SRMT. Make sure you mail to Albany before the application deadline. Only students attending institutions in NY State are eligible for this.
- Complete the Express TAP Application (ETA) – check all the answers to make sure they are accurate; if so, sign, date and mail to Albany. Only students attending institutions in NY State are eligible for this.
- Complete all the forms required by the institution you hope to attend (Verification, Housing, ID, etc.).
- Tell the Post-Secondary Assistance Program if you are living on campus, in an apartment, or commuting from home.
- Complete everything required for AMBE Post-Secondary Assistance Program
 1. AMBE PSAP Application
 2. MCA Membership Confirmation Form
 3. Copy of High School Diploma or GED
 4. Copy of Institution Acceptance Letter
 5. Essay about academic & career goals (two paragraphs)
 6. Copy of Career Interest Inventory (www.careeronestop.org) Interest Assessment
 7. Complete the top of AMBE Financial Aid Form and give to my financial aid office to complete. They will mail or fax it back to the AMBE PSAP.

Lastly ...

1. Contact Higher Education Program, SRMT at (518) 358-2272 if you have any questions.
2. Contact Veronica Jacobs, Post-Secondary Manager, at AMBE (613) 575-2754 if you have any questions.
3. Contact your educational institution to make sure they have all the paperwork necessary for you to receive financial aid or email veronica.jacobs@ambe.ca.

****Financial Aid Application Deadlines****

AMBE Post-Secondary Assistance Program

July 8 (Fall)

November 4 (Winter/Spring)

(If funds are available)

SRMT Higher Education Program

TBA (Fall)

TBA (Spring)

SRMT Educational Trust

TBA (Fall)

TBA (Spring)

New York State Indian Aid

TBA (Fall)

TBA (Spring)



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

Financial Aid Form for U.S Institutions

To be completed by the student

Name _____ Social Security Number _____

Home Address _____ Phone Number _____

Year in College _____ Major _____

Please send me the necessary application for applying for college administered financial aid. I have applied to the Ahkwesahsne Mohawk Board of Education for financial assistance. The Board will need additional financial aid information as listed below before any assistance can be awarded. When all the information is on file I your office, please complete and forward this form to the address:

Ahkwasahsne Mohawk Board of Education, P.O. Box 204, Hogansburg, NY 13655 Attention: Veronica Jacobs
TEL: (613) 575-2754 FAX: (613) 933-9262 E-MAIL: veronica.jacobs@ambe.ca

Signature Date

To Be Completed by the College/University Financial Aid Office

Budget Period: From _____ To _____

PELL Grant \$ _____ Tuition \$ _____

TAP Grant \$ _____ Fees \$ _____

NY State Indian Aid \$ _____ Room \$ _____

T.L.A.P \$ _____ Board \$ _____

SEOG \$ _____ Books \$ _____

Scholarship \$ _____ **TOTALS** _____

H/EOP \$ _____

State Grants (SSIG) \$ _____

Soc. Sec. Benefits \$ _____

VA Benefits \$ _____

VESID \$ _____

Other Grants/Fellowships _____

Or Monetary Awards \$ _____

TOTAL \$ _____

Student Lives: _____ on campus
_____ off campus apartment
_____ commuter

We recommend that the Board of Education consider awarding this student \$ _____

Print Name: Financial Aid Officer Date Telephone

Signature: Financial Aid Officer Name of College/University