



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

RETURNING/ CONTINUING STUDENT POST-SECONDARY ASSISTANCE PROGRAM CHECKLIST

FOUR NECESSARY DOCUMENTS

- AMBE PSAP Application
- Winter/Spring 2022 Grades
- Fall 2022 Schedule
- AMBE PSAP Financial Planning Form and Bursary or Grant Application (Canadian Institutes only) **-OR** Financial Aid Form (U.S Institutes only)
- EFT form if you utilize a Canadian Banking Institute

FINANCIAL INFORMATION (only need one)

- Tuition Bill and Bursary or Grant Application (Canadian Institutes)
- Completed Financial Aid Form (U.S. Institutes)

LIVING ARRANGEMENTS (only check one)

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

DEADLINE: June 3, 2022

All documents must be submitted 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 _____

COURSE OF STUDY/MAJOR _____





AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Past-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		Month Day Year
Band Number: <input type="text"/>	<input type="text"/>	<input type="text"/>	Birth Date: _____ / _____ / _____
			Month Day Year

STUDENT INFORMATION

Last Name:	First/Middle Name:	Other Names: (Nickname)
Address:	Province:	Postal Code:
		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
Dependents: (children under 18) <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: (# of Years)	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: (this school year only) 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?	GED? If yes, what year?
Have you received educational assistance from the Ahkwesahsne Mohawk Board of Education PSAP in previous years? If yes, please list the years:	
List the most recent college(s)/university(ies) you attended:	
1. Name of college/university:	
Address:	Program Enrolled:
Did you graduate?	If yes, what year?
2. Name of college/university:	
Address:	Program Enrolled:
Did you graduate?	If yes, what year?

EMPLOYMENT STATUS

Will you be working while attending school?
<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

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, UPass, 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

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 in 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	\$ _____	TOTAL	\$ _____

H/EOP	\$ _____	Student Lives:	_____ on campus
State Grants (SSIG)	\$ _____		_____ off campus apartment
Soc. Sec. Benefits	\$ _____		_____ commuter
VA Benefits	\$ _____		
VESID	\$ _____		

Other Grants/Fellowships _____
 Or Monetary Awards \$ _____
TOTAL \$ _____

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



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.