

**Purpose**

This application form is used to determine your eligibility and amount of funding. For more information regarding eligibility, please see the Program Guidelines at [www.indspire.ca](http://www.indspire.ca)

**Who Can Use this Application?**

Use this application if you are:

* Taking at least 60% of a full course load (or 40% if you have a modified program due to disability;
* Enrolled in program that is 1 year or more in length;
* Attending a post-secondary institution that is accredited by a provincial or federal government in Canada or pursuing graduate studies outside of Canada; and
* A member of a recognized Canadian First Nation, Inuit, or Metis band and/or community

**How to Apply**

Your application must include:

* Complete application form
* All required documentation, a list of required documents is provided at the end of this application.

If you are submitting a hard copy application, please mail your application package to:

Indspire

50 Generations Drive

Ohsweken, ON NOA 1MO

[education@indspire.ca](mailto:education@indspire.ca)

**Deadlines**

Application must be received by February 1st, June 1st, and November 1st at 11:59pm PT.

**Evaluation Process**

Student applications are assessed in 3 areas: 1) marks; 2) reciprocity and community involvement and 3) financial need. Once you have electronically submitted your application, you will receive an electronic notice “receipt of application”. Your application will be processed to ensure all information is complete and valid. Some information such as indigenous identity and income may be verified. You will be notified of your application status and if further documents are required. You can review your account on-line.

Students will be notified of adjudication results within 3 months of submitting their completed application.

**Need help?**

Monday to Friday, 9:00 am - 5:00 pm Eastern Time

1-844-463-8555 ext. 253

519-445-3014

## PART 1:

**Indspire User Agreement**

To apply for funding, you must first register online. When you register you will be providing basic information about yourself, including your name, birthdate, gender, and contact information. You will be assigned.

To proceed with registration, you must read and consent to the indirect collection and disclosure of your personal information as well as the terms and conditions.

I agree that:

* Indspire can disclose my name, gender, age, address and education-related information to sponsors. Sponsors may contact students to congratulate them or for employment or internship opportunities.

**Terms and Conditions:**

* I am responsible for updating my personal profile information (e.g. address change, name change)
* I may be asked to provide documentation to Indspire or one of its authorized agents to support specific changes to information contained within my personal profile (e.g. name change).
* I understand that information I provide may be verified by Indspire.
* I am over 18 years of age
* I am under 18 years of age and providing a parent/guardian signature for agreement.

I have read and give my consent to the indirect collection and disclosure of my personal information. I also understand and agree to the terms and conditions outlined above.

Signature of Applicant (over 18 years of age): Date: (DD/MM/YY)

Print copy of completed form and sign here 

Signature of Parent (for students under 18 years of age): Date: (DD/MM/YY)

Print copy of completed form and sign here 

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| **SECTION 1 – PERSONAL INFORMATION** | | | | | |
| **FULL NAME**  Use legal, given name, no aliases or stage names. | Title | First name | | Second name | Last name |
| **GENDER** | * Feminine Gender | * Masculine Gender |  | |  |
| **DATE OF BIRTH** | Month | Day | Year | | Current age |
| **Social Insurance Number**  Your require a valid SIN to be able to collect any funds that you receive from Indspire Building Brighter Futures program |  |  |  | |  |
| **Are you a previous Building Brighter Futures award recipient** | * Yes | * No |  | |  |
| **Indigenous Affiliation** | | | | |  |
| **What is your primary Indigenous identity?** | * First Nation * Non-Status First Nation * Metis * Inuit | | | |  |
| **Which province or territory is your Indigenous identity affiliated?** | * AB * BC * MB * ON * PEI * QC * NB * NL * NS * NU * NT * SK * YT |  |  | |  |
| **How do you identify yourself? (e.g. Mohawk, Dene, Cree, Inuit)** |  |  |  | |  |
| **PERSONAL ADDRESS (during studies)** Indspire correspondence will be sent to this address | Street Address or PO Box Number | City/Town | Prov/Territory | | Postal code |
| **PERMANENT MAILING ADDRESS (home address)** | Street Address or PO Box Number | City/Town | Prov/Territory | | Postal code |
| **TELEPHONE** | Primary Phone: | Cell Phone: | | | |
| **PRIMARY EMAIL ADDRESS** | Primary Email: School Email: | | | | |
| **SECONDARY EMAIL ADDRESS** |  | | | | |

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| **SECTION 7 – COMMUNITY INVOLVEMENT** | |
| Reciprocity is a foundational teaching in our community.  In the below spaces, please outline the number of hours you have volunteered in the past year, where you have volunteered and for how long. We will require contact information of the supervisor from the organization with which you were involved. | |
| **VOLUNTEER EXPERIENCE 1** |  |
| **NAME OF ORGANIZATION** |  |
| **TOTAL NUMBER OF HOURS FOR LAST YEAR** |  |
| **NAME OF SUPERVISOR** |  |
| **SUPERVISOR PHONE NUMBER** |  |
| **SUPERVISOR EMAIL ADDRESS** |  |
| **DESCRIPTION OF SUPPORT OFFERED** |  |

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| **VOLUNTEER EXPERIENCE 2** |  |
| **NAME OF ORGANIZATION** |  |
| **TOTAL NUMBER OF HOURS FOR LAST YEAR** |  |
| **NAME OF SUPERVISOR** |  |
| **SUPERVISOR PHONE NUMBER** |  |
| **SUPERVISOR EMAIL ADDRESS** |  |
| **DESCRIPTION OF SUPPORT OFFERED** |  |

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| **SECTION 3 – PROGRAM QUESTIONS** | | |
| **WILL YOU BE ENROLLED** | * Full-Time | * Part-Time |
| **WHAT PERCENTAGE OF A COURSE LOAD WILL YOU BE TAKING?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **WILL YOU BE TAKING ON-LINE OR DISTANCE EDUCATION** | * Yes | * No |

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| **SECTION 4 – EDUCATION** | | | | | | | | | | | |
| **NAME OF POST-SECONDARY INSTITUTION YOU ARE ATTENDING.**  Note: studies for this deadline must be taking place between **September 2016 and August 2017.** (If your institution is not on the list, call Indspire) | |  | | | | | | | | | |
| **WHICH CAMPUS WILL YOU BE ATTENDING, IF APPLICABLE (i.e Glendon College)** | |  | | | | | | | | | |
| **IF YOU ARE ATTENDING SCHOOL OUTSIDE OF CANADA** | | * Yes No | | | | | | | | | |
| **LEVEL OF STUDY** | | * Certificate * Diploma * Bachelor degree * Master’s degree * Doctoral degree * Professional Designation * Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **NAME OF YOUR PROGRAM OF STUDY** | |  | | | | | | | | | |
| **CURRENT YEAR OF  STUDY** | | 1 |  |  | |  | |  |  |  |
| **LENGTH OF PROGRAM**  **IN YEARS** | |  |  |  | |  | |  |  |  |
| **IS THIS YOUR FINAL YEAR IN THIS PROGRAM** | | * Yes | | | | | * No | | | | |
| **EXPECTED DATE OF COMPLETION AND /OR GRADUATION** | |  | | | | | | | | | |
| **WHAT OCCUPATION DO YOU HOPE TO HAVE WHEN YOU GRADUATE?** | |  | | | | | | | | | |
| **PAST EDUCATION**  Please list the last two academic institutions you have attended starting from the most recent. | | | | | | | | | | | |
| **FROM**  **(MM/YY)** | **TO**  **(MM/YY)** | **NAME OF INSTITUTION** | | | **NAME OF PROGRAM (CERTIFICATE, DEGREE, DIPLOMA)** | | | | | | |
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| **SECTION 5 – DETERMINING FINANCIAL NEED** | | | | | | |
| Indspire encourages all students to make a personal financial contribution to the costs of their education. | | | | | | |
| **RESIDENCY WHILE IN SCHOOL**  Select as many as needed.   * On my own * With parent(s) * With spouse or common law partner * With child(ren) * Other – please specify:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CURRENT MARTIAL STATUS**   * Single/ Divorced/ Widowed * Married/Common Law | | | **HOW MANY DEPENDENTS WILL YOU HAVE UNDER OR OVER THE AGE OF 18 RESIDING IN YOUR HOME:**   * 0 * 1 * 2 * 3 * 4 * 5 * 6 * 7+   Dependent Age(s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **CURRENT EMPLOYMENT:**   * Full time * Part time * Occasionally * Not working |
| **DO YOU HAVE A PERMENENT DISABILITY?**  **Yes**   * **No** |
|  | | | | | | |
| **STUDENT FUNDING**  \*Students who are or may be receiving funding are still eligible to apply.  First Nations and Inuit recipients are required to provide a document from their band or territory confirming that they received (and the amount received) or did not receive band or territorial funding. | | | | | | |
| **HAVE YOU BEEN APPROVED FOR SPONSORSHIP BY A FIRST NATION, INUIT OR MÉTIS ORGANIZATION?**  🞏 Yes 🞏 No 🞏 Pending | | | | | | |
| **FULL NAME OF SPONSORING ORGANIZATION**  Do not use acronyms | | |  | | | |
|  | | | **HOUSEHOLD INCOME**  Will you be residing with your parent/s/ or guardians during your study period?  Yes  No  If what was their yearly income? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **OTHER BURSARIES AND SCHOLARSHIPS**  Have you applied or do you plan to apply for other bursaries or scholarships for the academic year you are applying for?  🞏 No 🞏 Yes, if yes, please list below: | | | | | | |
| **NAME OF BURSARY OR SCHOLARSHIP** | | **AMOUNT OF BUSARY OR SCHOLARSHIP** | | | **CURRENT APPLICATION STATUS:**  **CONFIRMED, PENDING, UNSUCCESSFUL** | |
| 1. | |  | | |  | |
| 2. | |  | | |  | |
| 3. | |  | | |  | |
| 4. | |  | | |  | |

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| **SECTION 6 – BUDGET** | | | | | | |
| **MY SCHOOL LENGTH** | * September 2016 – April 2017  (8 months) | * September 2016 – June 2017  (10 months) | * September 2016 – August 2017   (12 months)   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **BUDGET PART A – ANNUAL INCOME**  Your income must be less than your expenses to be eligible for an award | | | | | | |
| LIST ALL SOURCES OF **ANNUAL** INCOME WHILE IN SCHOOL  **If zero, please leave blank** | | | | **AMOUNT PER MONTH** | **X # OF MONTHS IN SCHOOL** | **TOTAL** |
| TOTAL CONFIRMED BURSARIES AND SCHOLARSHIPS | | | |  |  |  |
| YEARLY HST/GST REBATES FOR CURRENT ACADEMIC YEAR | | | |  |  |  |
| TOTALSPONSORSHIP FOR TUITION AND FEES  Sponsorship provider:  🞏Parent/Guardian  🞏Indigenous Organization Sponsorship  🞏Funding Unavailable | | | |  |  |  |
| TOTAL SPONSORSHIP FOR BOOKS AND SUPPLIES  Sponsorship provider:  🞏Parent/Guardian  🞏Indigenous Organization Sponsorship  🞏Funding Unavailable | | | |  |  |  |
| REGISTERED EDUCATIONAL SAVINGS PLAN | | | |  |  |  |
| TRAVEL ALLOWANCE OR RELOCATION COSTS | | | |  |  |  |
| **SUBTOTAL MONTHLY INCOME** | | | | | | |
| LIST ALL SOURCES OF **MONTHLY** INCOME WHILE IN SCHOOL  **If zero, please leave blank** | | | | | | |
| MONTHLY OTHER SPONSOR FUNDING: LIVING ALLOWANCE, RENTAL SUBSIDY, DAY CARE SUBSIDY  🞏Parent/Guardian  🞏Indigenous Organization Sponsorship  🞏Funding Unavailable | | | |  |  |  |
| MONTHLY TRAINING ALLOWANCE - other than band, sponsor or organizational funding i.e. Employment and Training | | | |  |  |  |
| MONTHLY INCOME FROM SPOUSE OR PARTNER (after tax) | | | |  |  |  |
| MONTHLY INCOME FROM SAVINGS OR WORK (after tax) | | | |  |  |  |
| MONTHLY PENSION INCOME (i.e. orphan benefits, CPP) | | | |  |  |  |
| MONTHLY FINANCIAL CONTRIBUTION FROM PARENTS/GUARDIAN | | | |  |  |  |
| MONTHLY CHILD TAX BENEFIT RECEIVED FROM DEPENDANT CHILD(REN) | | | |  |  |  |
| MONTHLY SOCIAL ASSISTANCE | | | |  |  |  |
| MONTHLY OTHER INCOME – please identify | | | |  |  |  |
| **TOTAL MONTHLY SOURCES OF INCOME =**  Total Monthly Sources of Income x Number of Months in School | | | |  |  |  |
| **TOTAL INCOME =**  Subtotal + Total Monthly Sources of Income | | | |  | | |

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| **SECTION 6 – BUDGET PART B - EXPENSES** | | | | | |
| **PART B – ANNUAL EXPENSES**  Your expenses must exceed your income to be eligible for an award | | | | | |
| LIST ALL SOURCES OF **ANNUAL EXPENSES FOR THE MONTHSWHILE IN SCHOOL**  **If zero, please leave blank** | **AMOUNT PER MONTH** | **X # OF MONTHS IN SCHOOL** | | **TOTAL** | |
| TOTAL TUITION AND FEES |  |  | |  | |
| TOTAL BOOKS AND SUPPLIES |  |  | |  | |
| YEARLY RELOCATION COST  IF MOVED TO GO TO SCHOOL CLAIM $2,000 |  |  | |  | |
| TOTAL PROFESSIONAL ATTIRE (uniforms or professional clothing required) |  |  |  | |
| TOTAL COST OF TRANSPORTATION FOR TWO (2) HOME COMMUNITY VISITS  (if you moved from home for post-secondary) |  |  | |  | |
| **SUBTOTAL MONTHLY EXPENSES** | | | | | |
| LIST ALL SOURCES OF **MONTHLY** INCOME WHILE IN SCHOOL  **If zero, please leave blank** | | | | | |
| MONTHLY MORTGAGE, RENT, OR RESIDENCE FEES |  |  | |  | |
| MONTHLY FOOD |  |  | |  | |
| MONTHLY TOILETRIES – i.e. laundry, cleaning and personal supplies |  |  | |  | |
| MONTHLY ULTITILIES  i.e. Heat, Water, Electricity, Internet, Cable |  |  | |  | |
| SCHOOL TRANSPORTATION  i.e. Bus Pass, Gas, Parking Fees |  |  | |  | |
| MONTHLY CHILDCARE – i.e. day care or sitter (children under the age of 12 residing with their parents) |  |  | |  | |
| CLOTHING, ENTERTAINMENT AND RECREATION (movies, gym etc.) CLAIM $300/month per person in household |  |  | |  | |
| DISABILITY ALLOWANCE CLAIM $835/month, if you or your dependent has a permanent disability |  |  | |  | |
| INSURANCE i.e. Life, Car, Home and Contents  Please identify insurance   * Car * Life * Home and Contents |  |  | |  | |
|  |  |  | |  | |
| DEPENDENT EXPENSES LIVING IN THE HOME  # of dependents under and over 18 CLAIM $300 per dependent/month |  |  | |  | |
| **TOTAL MONTHLY EXPENSES =**  Total Monthly Expenses x Number of Months in School |  |  | |  | |
| **TOTAL EXPENSES =** Subtotal + Total Monthly Expenses | | | | | |
| **TOTAL INCOME (Part A) – TOTAL EXPENSES (Part B) = FINANCIAL NEED** | | | | | |
| **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total Income Total Expenses Financial Need**  ***NOTE*** *–* ***Expenses must exceed income in order to be assessed.*** | | | | | |
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| **SECTION 10– SUPPLEMENTARY QUESTIONS** | | |
| **DO YOU WORK AT PETRO CANADA STATION** | * Yes Station #: | * No |
| **ARE YOU A VETERAN OR RELATED TO AN INDIGENOUS VETERAN** | * Yes | * No |
| **HAVE YOU BEEN IN CHILD WELFARE** | * Yes | * No |
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| **SECTION 10 .1– LANGUAGE** | | |
| **DO YOU SPEAK/ READ/ WRITE A FIRST NATION, INUIT OR MÉTIS LANGUAGE?** | * Yes | * No |
| **DO YOU SPEAK/ READ/ WRITE THE FRENCH LANGUAGE?** | * Yes * Moderately * Fluently | * No |
| **IN WHICH LANGUAGE DO YOU WISH TO COMMUNICATE WITH INDSPIRE** | * English | * French |

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| **SECTION 7 – LETTER OF INTRODUCTION** |
| The *Building Brighter Futures: Bursaries, Scholarship and Awards* program is for First Nation, Inuit, and Métis peoples; therefore, your involvement, engagement and participation in the First Nation, Inuit, or Métis community is of utmost importance.  Help us get to know you by answering the following five required questions. Your answers must be under 100 words. Please list the question below and write your answers in complete sentences underneath each question. Please answer only the questions listed. Your short answer questions should be typed, double-spaced, 11 point font and attach to your completed application. (Applications submitted without a letter will not be assessed.)   1. Tell us about yourself, your family, and community; why you have decided to pursue post-secondary education; and what is your field of study? 2. What skills and knowledge have you acquired that have helped you to remain committed to your studies? 3. What are some of your past challenges and successes that you will be building on in the future? 4. What are your hopes and dreams and plans for after you complete school? 5. How do you give back in the community? If you are not currently giving back to the community, what limits your ability to volunteer or give back at this time? 6. How would receiving an award impact you and your community? 7. What does reconciliation mean to you? |

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| **SECTION 9 – DECLARATION AND CONSENT** | |
| I am aware that all mandatory documents listed below are required to be assessed by the jury, and have included the following with my application package:  **1. Proof of Status:** proof of First Nation (Status or Non-Status), Inuit Beneficiary, or Metis citizenship cards.  **2. Proof of Enrollment:** proof of part-time or full-time enrollment for the program you have applied for.  **3. Transcript (Unofficial):** marks from your most recent academic year or from a program that you were in prior to this program.  **4. Letter of Band/Post-Secondary Education Office or Training Support:** indicating the amount of financial support you are receiving or that funding is unavailable (applicable to all students).    5**. Letter of Introduction**: See Section 7 Your Declaration (REQUIRED)  * + - * I have given complete and true information on this form.       * I understand that I am responsible for providing all required supporting documentation as indicated on my application.       * I understand that I am responsible for promptly notifying Indspire of changes to any information I have provided in my personal profile or application, including the income or assets reported by me (or my spouse or parent(s), if applicable and my financial institution, or of changes to my address and/or financial, academic, family, and/or period of study status. I will communicate any changes in information by updating my account on the Indspire website or in writing to Indspire.       * I understand that information I provide will be verified and Indspire may also conduct audits and investigations.       * I understand that any change to the information I provide and any change resulting from verification and audit will result in a reassessment.       * I understand that if my application is reassessed, it may affect my eligibility and the type and amount of financial assistance. If I received financial assistance in excess of my entitlement, I will promptly repay all bursaries, scholarships and awards.       * I understand that Indspire will share my contact information with Sponsors for potential outreach, award recognition ceremonies/certificates, internships or possible employment opportunities.       * I give my consent to Indspire, to use publish my academic and letter of introduction information, in Indspire promotion, marketing, advertising or in Sponsor communications.       * I give my consent to both my educational institution and Indspire to confirm any financial support that I am receiving in order for Indspire to determine my financial need.       * If I receive a bursary or scholarship from Indspire I consent to Indspire or its agent, verifying my educational background and graduation record.  This consent will remain in effect until withdrawn by me in writing. I understand that Indspire will use the results of the educational and graduation verification to report back to its funders and that this helps Indspire to raise more funding to support more students.  I hereby authorize the academic institution that holds information relating to my educational background and graduation record (the “academic institution”) to disclose this information to Indspire or its agent.  I hereby release and forever discharge the academic institution, Indspire and its agent, and their respective affiliated entities and all of their former, current and future partners, directors, officers, employees, agents, successors and assigns from any actions, claims and demands of any kind whatsoever in any way relating to the collection, disclosure or use of information regarding my educational background and graduation record by the academic institution, Indspire and/or its agent.   I have read and understood all parts of this section, including the notice of collection, use and disclosure of my personal information, and my signature attests to my consent to the indirect collection, use and disclosure of my personal information and that my declaration is complete and true. | |
| Applicant Name (please print clearly) |  |
| Applicant Signature | Date |

*Indspire* respects your privacy.  The information on this form is collected and used for the administration of the organization’s education programs, communications and fundraising activities.  At all times it will be protected in accordance with the *Personal Information Protection and Electronic Documents Act.* If you have questions, please contact our Privacy Officer at 1.855.INDSPIRE (463.7747) ext. 245 or 416.987.0251or by mail at: 555 Richmond Street West, Suite 1002, Toronto, Ontario, M5V 3B1. For more information on our privacy policy visit http://indspire.ca/privacy-policy.

**Mail completed forms by on or before the deadline to:**

Indspire

Post-Secondary Education Department

Box 5, Suite 100 - 50 Generations Drive,

Ohsweken, Ontario

N0A 1M0