



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

2024-2025 AMBE PSAP APPLICATION

She:kon/Greetings,

This application is for Ahkwesahsne Mohawk Board of Education Post-Secondary Assistance Program for the 2024-2025 academic year (Sept-May). Please fill out our application and return to AMBE PSAP along with all the required documents by our established deadlines.

Our Application has two separate deadlines depending on your student status within our program:

<p>JUNE 7, 2024</p> <p>For <u>Continuing Students</u></p> <p><i>Continuing:</i> A student who has received AMBE PSAP funding in the Winter/Spring 2024 semester and will be attending the same institution and same program for 2024-2025</p>	<p>JULY 12, 2024</p> <p>For <u>New/Re-Enrolled Students</u></p> <p><i>New:</i> A student who has never received AMBE PSAP funding before <i>Re-Enrolled:</i> A student who has previously received AMBE PSAP funding in the past but has not received funding in the most recent semester</p>
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The Winter/Spring enrollment deadline is November 8, 2024 (If funds are available)

This application will be considered incomplete if the application is missing any required information or if the applicant is missing any required documents.

Completed applications can be sent via email to:

Veronica Jacobs veronica.jacobs@ambe.ca	Hannah McDonald hannah.mcdonald@ambe.ca	Erin Mitchell erin.mitchell@ambe.ca
Applications can be dropped off at Iohahiiio <ul style="list-style-type: none"> In office; Monday-Friday 8-4pm Dropbox; (located at Iohahiiio front door)-Anytime 	Faxed: 613-575-1478 Or Postal Mail: 16 Iohahiiio Road Akwasasne, Quebec H0M1A1	

EACH APPLICANT MUST READ AND UNDERSTAND OUR AMBE PSAP GUIDELINES. A COPY OF OUR GUIDELINES CAN BE FOUND ON OUR WEBSITE, AMBE.CA UNDER THE POST-SECONDARY ASSISTANCE TAB

2024-2025 AMBE PSAP APPLICATION

(Confidential when Completed)

Today's Date: _____

Office Use: Residency I Residency II

STUDENT IDENTIFIER	EDUCATION PLAN
<p>Name: _____</p> <p>Date of Birth: _____</p> <p>Band #: _____</p> <p>Address/City: _____</p> <p>Province/State: _____</p> <p>Postal/Zip Code: _____</p> <p><i>Is this a good mailing address?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Send to this address instead:</i> _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say</p> <p>Dependents? <i>(Children under 18 who live with you):</i> <input type="checkbox"/> Yes</p> <p>If yes, please list name/DOB: _____ <input type="checkbox"/> No</p> <p>Have you received AMBE PSAP funding previously? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list the year/semesters: _____</p>	<p>Type of Program: <input type="checkbox"/> 1 year Certificate <input type="checkbox"/> 2-year, Associate/Diploma <input type="checkbox"/> 4-year, Bachelors <input type="checkbox"/> Grad/Advanced/Professional Degree <input type="checkbox"/> Ph.D./J.D./C.A.S.</p> <p>Course Load: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>No. of Credits enrolled the upcoming semester: _____</p> <p>School/Institution: _____</p> <p>Program/Course/Major: _____</p> <p>Length of Program/Course: _____</p> <p>Current Year of Study: 1st 2nd 3rd 4th 5th 6th</p> <p>Anticipated Date of Graduation: (MM/YYYY) _____</p> <p>Instructional Type: <input type="checkbox"/> Online <input type="checkbox"/> In-Class <input type="checkbox"/> Both Online and In-Class</p> <p>Attendance Dates: Check all that applies <input type="checkbox"/> Fall 2024 (Sept.-Dec.) <input type="checkbox"/> January Term <input type="checkbox"/> Winter/Spring 2025 (Jan.-Apr.) <input type="checkbox"/> Summer 2025 (May-Aug.)</p> <p>Residence while attending school: <input type="checkbox"/> Dormitory <input type="checkbox"/> Home <input type="checkbox"/> Off-Campus Apartment</p>
CONTACT INFORMATION	
<p>Email: _____</p> <p>School Email: _____</p> <p>Cell Phone #: _____</p> <p>Home Phone #: _____</p>	<p>Parent's Name/Phone #: _____</p> <p>Spouse's Name/Phone #: _____</p> <p>Emergency Contact Name/Phone #: _____</p> <p>*NEED ATLEAST ONE ADDITIONAL CONTACT*</p>
<p>Student ID: _____</p>	<p>Office Use: <input type="checkbox"/> New Student <input type="checkbox"/> Re-Enrolled <input type="checkbox"/> Continuing</p>

Name: _____

Date: _____

Signature: _____

ACADEMIC HISTORY

<p>Elementary School Attended:</p> <p>High school Attended:</p> <p>High school Address:</p> <p>High school Grad. Date (MM-YYYY):</p> <p>Or GED Date (MM-YYYY):</p>	<p>Have you received educational sponsorship from AMBE PSAP in previous years?</p> <p><input type="checkbox"/> No, I have never received educational sponsorship</p> <p><input type="checkbox"/> Yes, I have received educational sponsorship in the past</p> <p style="padding-left: 40px;">Most recent College/University attended:</p> <p style="padding-left: 40px;">Highest Degree obtained:</p> <p>Name of College/University where degree was obtained (if different from most recent College/University):</p>
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EMPLOYMENT STATUS

<p><input type="checkbox"/> I will not be working</p> <p><input type="checkbox"/> I will be working Part-Time</p> <p><input type="checkbox"/> I will be working Full-Time</p>	<p>NOTE: You may be asked to provide check stub and/or sign an employment verification form</p>
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STUDENT DECLARATION

I UNDERSTAND THE FOLLOWING AS CONDITIONS FOR EDUCATIONAL SPONSORSHIP BY THE AMBE PSAP. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE AND WITHOUT PREJUDICE. **PLEASE READ AND INITIAL EACH LINE**

1. I agree to attend classes regularly and consistently _____
2. I agree to consult with the AMBE PSAP if any academic difficulties occur _____
3. I agree to provide the AMBE PSAP with a copy of my semester grades as soon as possible and no later than 15 business days form the completion of each semester _____
4. I agree to 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 _____
5. I agree to immediately notify the AMBE PSAP Manager if I withdraw from any courses or if I am no longer attending classes _____
6. I understand that I need to apply for AMBE PSAP education sponsorship each academic year _____
7. I agree to immediately declare all grants/fellowships, monetary awards and/or other monies awarded to me, excluding merit based awards _____
8. I agree that OSAP (if received) will be applied to tuition and residence fees first and AMBE PSAP will pay the remaining balance if needed _____
9. I agree to allow the AMBE PSAP to share my information with other agencies as needed to include, but not limited to, the ACCESS, MCA Community Support, MCA Economic Development, and the SRMT Tribal Learning Program _____
10. I agree to have read the AMBE PSAP Administrative Guidelines and understand my responsibilities as a student _____

ALL INFORMATION PROVIDED BY ME ON THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I AGREE TO THE CONDITIONS OUTLINED ABOVE.

Name:

Date:

Signature:

OTHER REQUIRED DOCUMENTS

STUDENTS ATTENDING U.S. INSTITUTIONS

Completed Financial Aid Form
(Pg. 7 of this application)
*Funding is dependent on the completion of this form. The top portion of the financial aid form needs to be filled out and signed. Then the form needs to be sent to your school's financial aid office to be filled out. The school will email the form back to us.
**Delay in funding will occur if your FAFSA and/or TAP is not configured. Please be sure to stay on top of other relative financial aid deadlines.

STUDENTS ATTENDING CAN. INSTITUTIONS

Proof of a bursary/grant/scholarship application
(A list can be found on pg. 6 of this application package)
 Let AMBE PSAP know if you receive the bursary/grant/scholarship and where the funds are being applied

NEW STUDENTS

Akwesasne Membership Code Confirmation (Completed and signed by OVS)-Pg. 9 of app.
 Copy of High School Diploma or GED
 Institution Acceptance Letter
 Career Interest Assessment found at www.careeronestop.org
 Academic and Career Goals Essay (Below)

RE-ENROLLED STUDENTS

Institution Acceptance Letter
 Career Interest Assessment found at www.careeronestop.org (If changing institution/program)
 Academic and Career Goals Essay (Below)

CONTINUING STUDENTS

Required grades are handed in- Winter/Spring 2024 grades

ALL STUDENTS

Fall 2024 Schedule- Schedule must clearly list all courses, indicate # of credits taking, and course dates
 Financial Planning Form (Page 5 of this application)

ACADEMIC AND CAREER GOALS ESSAY (New and Re-Enrolled)

2 Paragraphs- Answer these four prompts... Who are you? Where are you going? What are you taking? What are your career goals and how does this program/ align with those goals?

Name:

Date:

Signature:

AMBE PSAP Financial Planning Form

Please read carefully and be aware of AMBE PSAP maximum amounts. Also, be aware of your institution's tuition and residence costs.

AMBE PSAP funding is considered after other sources of funding have been applied.

For example, OSAP, FAFSA, TAP, and other funding sources will be applied to TUITION AND RESIDENCE FEES FIRST and AMBE PSAP funding will pay the remaining balance, up to the maximum, if needed.

Full time student eligibility per semester:	
Books	\$300 advance—Any expenditure exceeding this amount must be justified by receipts and will be reimbursed to the student up to \$1,000 maximum
Travel	\$500 advance—To be used toward travel fees like parking registration, parking passes, gas, commuting expenses, city bus passes, OC Transpo, UPass, etc.
Supplies	\$50—To be used for notebooks, planners, pens, pencils, binders, etc.
Residence	A) Living on-Campus—\$5,000 maximum (Includes residence and meal plan) B) Commuting from Home or Living off Campus--\$5,000-\$5,400 maximum 1. Single Student-\$1,250 per month for 4 mos. 2. Student with One or more Dependents-\$1,350 per month for 4 mos.
Tuition	\$4,000 maximum (Health Insurance, Dental insurance, UPass, etc. is not included; student must opt out or pay for fees on their own)

Part time student eligibility per semester:	
Books	\$1,000 maximum; Reimbursed to the student with proof of receipts
Tuition	A) Undergrad Rate: \$1,000 per course maximum B) Graduate Rate: \$1,500 per course maximum

Other available funding each semester:	
Special Equipment	\$400 maximum; Reimbursed to the student with proof of receipts
Required Uniforms	\$250 maximum; Reimbursed to the student with proof of receipts
Art/Photog. Supplies	\$250 maximum per course; Reimbursed to the student with proof of receipts

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, or "C" average.

I have read the semester award breakdown above and understand the sponsorship amounts. I understand that I will receive either residence and meal plan coverage or a monthly living allowance. If there is a balance in tuition or residence, I understand that I am responsible for the balance owing.

Name:

Date:

Signature:

Bursary or Grant Application Resources for AMBE PSAP Students attending Canadian Institutes

Students attending a Canadian institute are required to apply for a bursary or grant. A copy of the application and/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	http://www.oneca.com/transitions/financial-supports-scholarships-and-bursaries
INSPIRE	www.indspire.ca
Dreamcatchers' Fund	https://www.dreamcatchercharity.org/
Ontario Student Assistance Program (Must reside in Ontario)	https://www.ontario.ca/page/osap-ontario-student-assistance-program
Hydro One Awards	https://www.hydroone.com/careers/one-awards
Akwesasne Trust Scholarship	https://akwesasnetrust.com/
<p>Students are encouraged to apply for other bursaries that are not listed here. Contact your Post Secondary institute or search the institute's website for additional available scholarships and the eligibility requirement</p>	

Name:

Date:

Signature:

AMBE PSAP Financial Aid Form for U.S Institutions

To be completed by the student

Name:	Student ID Number:
Home Address:	Phone Number:
Year in College:	Program/Major:

Please send me the necessary application for applying for college administered financial aid. I have applied to the Ahkwesahsne Mohawk Board of Education Post Secondary Assistance Program for financial assistance. AMBE PSAP 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:

Best Avenue:	Manager-Veronica Jacobs
Email:	Veronica.jacobs@ambe.ca
Mailing Address:	P.O. Box 204 Hogansburg, NY 13655 Attention: Veronica Jacobs, AMBE PSAP
Fax:	613-575-1478
Office Contact Number:	613-575-2754

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

Name of College/University: _____

Signature: Financial Aid Officer: _____

Name: _____

Date: _____

Signature: _____

Name:

Date:

Signature:



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

MOHAWKS OF AKWESASNE Membership Confirmation For NEW Students

Part I: STUDENT INFORMATION <i>(To be filled out by the student)</i>
Name:
DOB:
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 AMBE PSAP Office, veronica.jacobs@ambe.ca; hannah.mcdonald@ambe.ca, or erin.jacobs@ambe.ca

Student Signature: _____

PART II: STATUS OF MEMBERSHIP *(To be filled out by OVS)*

- 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.”

Name:

Date:

Signature: