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**Southern First Nations Secretariat (SFNS)  
Post-Secondary Education Department**

[sfns.on.ca](http://sfns.on.ca)

**Post Secondary Student Support Program (PSSSP)  
Student Contract**

As a recipient of the SFNS PSSSP I recognize that I have a role and certain responsibilities expected of me. I have read and will read the entire Student Assistance Policy and have a thorough understanding of this policy prior to the first day of classes. I am aware this policy is reviewed yearly and available on the SFNS Post-Secondary web page. Furthermore, I agree to the following conditions:

1. The financial assistance awarded to me will be used to the very best of my ability in gaining my post-secondary education/professional career.
2. I will attend and maintain good attendance to all my classes.
3. I will show up on time and write all tests/examinations for my program of studies.
4. After each semester, I will forward my grade report/mark transcript to the SFNS post-secondary department within 21 days of completing a term or when asked to provide my grade report.
5. I will apply for ongoing funding before the deadline for each upcoming term (May 1<sup>st</sup> for the Fall term, October 1<sup>st</sup> for the Winter term, and March 1<sup>st</sup> for the Summer term).
6. I am expected to meet with and maintain regular contact with my assigned SFNS Education Counsellor. My contact information (address, telephone number, email address) will be updated regularly.
7. Prior to adding or dropping a course, or withdrawing from school, I will seek advice and agreement from my SFNS counsellor.
8. I will seek additional assistance from my school counsellor/advisor/program administrator when facing academic or personal difficulties.
9. Upon graduation I will forward a copy of my certificate, diploma, or degree, and final grades.
10. In the event of an overpayment or accepting funds when I no longer qualify for financial assistance, I forfeit my right to further financial assistance until all funds have been repaid.

I have read and agree to the conditions as stated above and acknowledge that failure to comply with the above conditions will affect my eligibility for further financial assistance.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (PLEASE PRINT)