PLEASE DO NOT WRITE BELOW – OFFICE USE ONLY:

FULL LEGAL NAME: _____ CODE: ____

INSTITUTION & LOCATION: _____ / _____

DATE RECEIVED: _____ ☐Fax ☐Original ☐E-Mail

☐ LATE SUBMISSION ☐ FULL-TIME ☐ PART-TIME

☐ APPROVED ☐ CONDITIONAL APPROVAL

☐ NOT APPROVED: ☐NFA ☐SERVE PENALTY ☐INELIGIBLE

☐ OTHER: _____

☐ INCOMPLETE APPLICATION-Reapply next Academic Year

SPRING & SUMMER SPONSORSHIP APPLICATION

SPRING (May & June) & SUMMER (July & August) APPLICATIONS DUE ON MARCH 01 OF GIVEN YEAR

*****ONLY THOSE STUDENTS THAT WERE SPONSORED THE PREVIOUS FALL & WINTER ARE ELIGIBLE FOR SPRING & SUMMER SPONSORSHIP***

(If deadline of March 01 falls on a holiday or weekend, deadline will be moved to the next business day.)

ALL SPONSORSHIP APPLICATIONS DUE BY 4:30 P.M. OF DEADLINE DATE

Please ensure you have the right application for sponsorship as we have 4 sets of applications:

1. **New Applicant Form** is for those who have never been sponsored by NHCN Education Division and/or Employment & Training (E & T).
2. **Returning Applicant Form** is for those that were previously sponsored in the past either through the NHCN Education Division or E & T.
3. **Continuing Student Form** is for student who is consecutively continuing into their second year or more of studies.
4. **Spring and Summer Form** is only for student that is continuing with their studies into May, June, July, and/or August.

This Norway House Cree Nation Education (NHCN) Training & Culture Division Spring/Summer Application Package for Sponsorship is for students who have studies that extend past April 30 of the academic year, or those that need to take extra courses. To be eligible, you must have been sponsored the previous Fall and Winter semester and your Cumulative Grade Point Average (C.G.P.A.) must be **2.0** or more or a **Grade "C"** Average, or better.

In order for your application to go through the Eligibility and Sponsorship Approval Process, please ensure that all documents are signed where necessary and requested documents are included. If documents are pending such as Transcripts, etc., please mark **Pending** on the Check-Off Sheet, page 10 of this application package.

The NHCN Education, Training & Culture Division will not accept any applications past the deadline date of **MARCH O1** of given year for Spring/Summer sponsorship. ***Incomplete Applications cannot go through the sponsorship approval process as all documents are required and documents MUST be signed in order for the NHCN Post-Secondary Education Advisory Board to assess and process application.***

****No NEW APPLICANTS will be accepted for sponsorship for these semesters, no exceptions.***

***AS WE DO A YEARLY BUDGET, ALL APPLICANTS MUST APPLY EACH YEAR FOR SPONSORSHIP, NO EXCEPTIONS.**

PART A – PERSONAL INFORMATION

If student is registering for less than six (6) credit hours for Spring (May & June) or Summer (July & August), student will be classified as part-time. Student registering for six (6) or more credit hours for either the Spring or Summer Semester shall be entitled to full-time student assistance and shall include student allowance.

PERMANENT HOME ADDRESS: ***(Please do not use your temporary address during studies as you may not be eligible for Travel.)***

STUDENT: _____ **TREATY #:** 2780- _____ - _____

BOX #/STREET: _____ **CITY/TOWN:** _____

PROVINCE: _____ **POSTAL CODE:** _____

S.I.N.: _____ **BIRTHDATE: M**_____ **D**_____ **Y**_____

E-MAIL: _____ **PHONE #'s:** _____

Emergency Contact: _____ **Emergency Contact #:** _____

Next of Kin: _____ **Kin's Contact #:** _____

BANK & BRANCH #: _____-_____ **ACCOUNT#:**_____ Savings / Chequing

(Only those students attending studies out of community must fill in their banking information for student allowance deposits.)

WHICH SESSION ARE YOU APPLYING FOR: SPRING / SUMMER / BOTH

HOW MANY CREDIT HOURS WILL YOU BE REGISTERING FOR: SPRING____ SUMMER____

CLAIMING UNEMPLOYED SPOUSE: Yes / No / N/A **SPOUSE'S TREATY #:** 2780- _____-_____

****If Spouse is Non-Treaty, applicant cannot claim.***

Will you be Claiming Special Needs: ***(If Medical Documents were submitted in September, please do not submit again.)*** Yes / No

WILL YOU BE CLAIMING DEPENDENT(S): Yes / No **IF YES, HOW MANY UNDER THE AGE OF 18: _____**

- Dependents must be under the age of 18, must be NHCN Band Members and must reside with student.
- Consideration may be given to dependent(s) and/or spouse who are Members of another Band providing applicant is a NHCN Member.

DEPENDENT(S)	D.O.B. – Month/Day/Year	AGE	TREATY #	RESIDES WITH ME
	M _____ D _____ Y _____		2780- _____ - ____	Yes / No
	M _____ D _____ Y _____		2780- _____ - ____	Yes / No
	M _____ D _____ Y _____		2780- _____ - ____	Yes / No
	M _____ D _____ Y _____		2780- _____ - ____	Yes / No
	M _____ D _____ Y _____		2780- _____ - ____	Yes / No
	M _____ D _____ Y _____		2780- _____ - ____	Yes / No
	M _____ D _____ Y _____		2780- _____ - ____	Yes / No
	M _____ D _____ Y _____		2780- _____ - ____	Yes / No

MUST ATTACH 'COPIES' OF YOUR MOST RECENT TRANSCRIPT(S)

PART B – "ESTIMATED" COST OF BOOKS, TUITION & FEES

FEES & EXPENSES – Student is responsible to pay the Fees/Expenses listed below:

Interview Expenses
Living Expenses
Application Fees
Late Registration Fees
Dental or Medical Fees
Late Course Transfer Fees
Licensing or Professional Fees
Apartment Hunting Expenses/Rent/Damage Deposit
Parchment and/or Certificate/Diploma/Degree Fees or for Duplicates
Criminal and Child Abuse Registry Check Fees
Gym, Locker and Recreation Fees
Exam Fees/Exam Rewrite or Grade Appeal Fees
Parking Fees or a Transit Bus Pass, unless it is a U-Pass (U of Wpg. & U of Manitoba have U-Pass)
Graduation Costs or Graduation Ring Fees

At time of Registration, student has the choice of **"OPTING OUT"** of non-compulsory fees such as **Dental, Medical, Gym, Locker, Insurance & Parking Fees**, unless student is willing to pay for these fees on their own.
Students who are of Treaty Status don't need to pay for Dental & Medical Packages as they are covered already.

Some Compulsory Fees may be covered such as the Canadian Nursing Student's Association Fees, Health Examination Fees, Immunization Fees, Student Services Fees, Student Association Fees, University Laboratory Fees, Bar Exam Fees, Exam Fees, Laboratory and Material Fees. Students that require any other fee assistance, not listed here, that is related to their program must submit a Letter of Request to their Counsellor. This request must be accompanied by confirmation from the institution the type and the exact amount of fee in question.

UNIVERSITY: Books & Tuition assistance is limited to **Two Thousand Dollars** for the Spring Semester and **Two Thousand Dollars** for the Summer Semester. ****For Part-Time applicants, divide the above amounts in half for the approved allotted amounts for books and tuition costs but you will not be eligible for student allowance.***

PROGRAM: _____ **LENGTH:** _____ ☐**FULL-TIME** ☐**PART-TIME**

UNIVERSITY: _____ **LOCATION:** _____

PLEASE "ESTIMATE" COSTS OF BOOKS/TUITION/FEES PER SEMESTER & ATTACH COST SHEET:

1. SPRING SEMESTER (May & June)				
# of Courses (A)	**Cost Per Course (B)**	**Total = A x B = (C)**	**Cost of Books (D)**	**TOTAL COST FOR EACH SEMESTER = C + D**
	$	$	$	$
2. SUMMER SEMESTER (July & August)				
# of Courses (A)	**Cost Per Course (B)**	**Total = A x B = (C)**	**Cost of Books (D)**	**TOTAL COST FOR EACH SEMESTER = C + D**
	$	$	$	$
Estimated Additional Fees *(Lab, Student Service Fees, Etc.):*				$
Final Estimated Cost for Academic Year:				$

If Tuition & Book amounts exceeds the allotted amounts, student is responsible to pay for the difference.

EFFECTIVE SEPT. 2016, **THE U OF MANITOBA & THE U OF WINNIPEG** BOTH HAVE AN U-PASS. IT IS A UNIVERSAL TRANSIT PASS THAT CAN BE USED FOR UNLIMITED ACCESS TO WINNIPEG TRANSIT. FALL TERM U-PASS VALID FROM SEPT. 01 – DEC. 31, WINTER TERM U-PASS VALID FROM JAN. 01 – APRIL 30. ONLY FULL-TIME STUDENTS ARE ELIGIBLE & YOU WILL NEED YOUR STUDENT CARD TO RECEIVE THE U-PASS. **For more information:** u-pass@umsu.ca

NO U-PASS AVAILABLE FOR SPRING & SUMMER SEMESTERS

PART C – CONTRACT AGREEMENT

(It is now MANDATORY for student to make a copy of this Contract and keep for the Academic Year)

Contract Agreement Between

Printed Name of Student: _____

Program Sponsored For: _____ **YEAR IN PROGRAM:** 1 2 3 4 5 6

Duration of Program: _____ **MONTHS or / ____ YEARS**

Institution & Location: ***(Eg. UCN – Norway House)*** _____

Contract Binding From: _____ ***TO*** _____
(Start Date of Studies - -Month & Year) ***(End Date of Studies - Month & Year)***

And

"THE SPONSORS"
(The NHCN Education, Training & Culture Division (Directorate) or The NHCN Employment & Training Program - E & T)

1. ***I understand*** that the Board and/or The Sponsors, either independently or collectively, have the power to terminate sponsorship if I breach any of the conditions set forth in the Education Manual and/or this Contract.

2. ***I understand*** ***(For University Students Only)*** that if I am registered for **Twelve (12) Credit Hours per semester**, that I am classified as a **FULL-TIME** student and eligible to receive, if applicable, a monthly Student Allowance, monthly Special Needs Allowance of **$100**, Practicum Allowance of **$200** provided once per year and depends on program. I can also receive Mobility Assistance in the amount of **$200** and only if I am a first time New Applicant and need to relocate. I further understand that if I should drop down to Part-Time Status by *Voluntarily* or *Involuntary Withdrawing* from a course(s) that I am only eligible only for Books & Tuition assistance. ****For College students, you have to register for courses according to the program you are enrolled in.***

3. ***I understand*** that if I am registered for less than twelve (12) credit hours per semester, I will be classified as a **PART-TIME** student and only entitled to *Books & Tuition* assistance. ****This does not apply for College students as they have to take all courses offered in their program they are enrolled in.***

4. ***I understand*** that I must maintain a minimum of a **"C" Average** or a **Grade Point Average (G.P.A.)** of **2.0** for each semester. Failure to maintain these marks may result in being placed on *Probationary Status* for one semester/or academic year, whereby, I must increase my marks within that time allotted to a "C" Average or a G.P.A. of 2.0 or more. If I fail to maintain a G.P.A. of 2.0 or more after the probation period, termination of sponsorship is inevitable.

5. ***I understand*** that I must inform The Sponsors immediately upon withdrawing from and/or adding a course(s).

6. ***I understand*** that the duration of my sponsorship assistance will be in accordance with the official length of the program as defined by the University/College that I am enrolled in. If I temporarily withdraw from my program of study for medical or justifiable reason(s), I may be assisted again for sponsorship up to one additional academic year to make up for the year I withdrew and be excluded from any penalty, pending the availability of funds. ****This means that if program is 4 years, we can only sponsor student for the 4 years plus an additional year if student had to withdraw from their program for justifiable reasons, like medical for example.***

7. ***I understand*** that I may be assisted with sponsorship in a **Level I (Certificate/Diploma)** program after **withdrawing** from **Level II (Degree-Undergraduate)** studies. However, if I have completed a **Level II** program, I will be ineligible for sponsorship for **Level I** studies; and if I have completed **Level III (Masters)** or **Level IV (Doctor of Philosophy)** studies, I will be **ineligible** for sponsorship for **Level I** and **II** studies.

…Cont'd

PART C – CONTRACT AGREEMENT *(Cont'd)*

8. ***I understand*** that I can only be sponsored for one program of my choosing and that I may be sponsored from Level I to Level IV studies in the same field. This clarifies that I will not be eligible for sponsorship to take a variety of different programs that are in a different field from my original chosen program of study.

9. ***I understand*** that upon sponsorship approval, I will make a personal commitment to ensure my success and that I must attend classes as assigned by the Institution. Should I be absent for a period of **three (3) consecutive days** without notifying the institution or The Sponsors, I may be terminated from sponsorship without a warning letter and that I shall have no grounds to appeal such termination. I also understand that in the case of absence from class, I must submit required documentation upon my return to justify my absence. Medical reason(s), court appearances and compassionate leave are considered ***Excusable Absences*** and are limited to two (2) days. I also understand that if I have an ***Unexcused Absence***, I will be deducted accordingly from my monthly student allowance and this is only if I am a community-based student in Norway House.

10. ***I understand*** that I must communicate with my assigned Counsellor on a regular/monthly basis should any **changes** take place in my Registration, Address, Phone Numbers or Change in Dependent(s)/Spouse; I must provide a copy of my Registration each semester; I must provide my Transcript and/or marks after each semester; I must inform if I have been placed on Academic Suspension/Probation by the Institution; and I must be prepared to discuss my progress with my assigned Counsellor.

11. ***I understand*** that there are **NO ADVANCES** or **LOANS** allowed by The Sponsors, or that I cannot request my student allowance before the assigned release date. The Sponsors are also not to be held responsible for any outstanding debts incurred by me such as Student Loans, Bank Loans, Credit Card Debt, Rent, Utilities, Extracurricular Activities, etc.

12. ***I understand*** that if ***I should WITHDRAW from my program of studies without notifying The Sponsors of my actions, and continue to collect the monthly student allowance***, I will be ineligible from applying for sponsorship until all monies *collected fraudulently* are reimbursed to The Sponsors and/or I could be charged for committing **FRAUD**, which is a Criminal Offence and punishable by Law. In addition, I must serve the penalty of being **ineligible** for sponsorship for *two (2) consecutive years* effective from the next academic year from the year in question. This is providing that I have paid all monies collected fraudulently back to The Sponsors.

13. ***I understand*** as a Full-Time student, I cannot simultaneously be in receipt of **Employment Insurance (EI)**, **Social Assistance** or be **Employed with the NHCN Band (Full or Part-Time)** while on Student Allowance. In the event that I am, or will be, in receipt of EI, or become employed with the NHCN Band, I will inform The Sponsors immediately. ****As the Government of Manitoba regularly does random audits on students, it is advised that students do not collect Employment Insurance, Student Allowance and/or Social Assistance (Welfare) simultaneously*.**

14. ***I understand*** that I must provide a Copy of my Dependent(s) **School Registration Form**, no later than one month after the start of my studies, and is only applicable if I am studying out of my home community. If not submitted, I understand that I will only be eligible for a Single Student Allowance Rate.

15. ***I understand*** that I must provide a written recommendation from the Institution and/or the Professor/Instructor should there be any **extra course related expenses** not originally covered or if books **exceed** the original allotted amount on the Authorization to Invoice form sent to the Institution.

16. ***I understand*** that if I have to **REPEAT** a course that I may be responsible for the cost of books and tuition. If I have to take this repeat course separately, without being in a program, I understand that I also will not be eligible for sponsorship or any form of student allowance or other allowances as deemed by The Sponsors.

… Cont'd

PART C – CONTRACT AGREEMENT *(Cont'd)*

17. I understand that stolen and/or lost books will not be replaced by The Sponsors and will be my responsibility.

18. I understand that if I engage in any form of **ILLEGAL ACTIVITY** during my sponsorship, and where I have been formally convicted, I must submit my Criminal Record Report to The Sponsors immediately or upon request by The Sponsors. Depending on the conviction and if it should affect my studies or future employment prospects, The Sponsors shall decide at this time if continuation of my sponsorship is warranted.

19. I understand that in order to participate in the Norway House Community Graduation Ceremonies, I must pay a fee, and that The Sponsors are not responsible for payment of my graduation ring or pictures. If I am graduating out of community, I will be eligible for the **$200** Graduation Preparation Allowance and that I must inform my Counsellor with a written Letter of Request two weeks prior to graduation.

20. I understand that upon completion of my program of study and to recognize my academic achievement that I may be eligible to receive a **MONETARY INCENTIVE** upon provision of a **COPY** of my final official transcript accompanied with a written Letter of Request ***(may be sent by email)*** to my Counsellor.

21. I understand that this Contract will be deemed invalid until such time that I have been approved for sponsorship by the Norway House Cree Nation Post-Secondary Education Advisory Board.

"As a financially sponsored student, by either the NHCN Education, Training & Culture Division or the NHCN Employment & Training Services Program, I have read this Contract and I fully understand its contents; and I solemnly swear that I am obligated to abide by the set conditions and stipulations outlined in this Contract and that all information I have provided is not falsified. Should I breach any of the outlined set of conditions in this Contract, or in the NHCN Education Manual, I fully understand that I may be terminated from sponsorship without a warning letter and that I shall have no grounds to appeal such termination. This Contract shall be binding only for the duration of the academic year that I am enrolled in my program."

Signed on this _____ Day of _____ , 20_____

_____

(Printed Name of Stdent)

_____

(Student's Signature)

_____

(N.H.C.N. Education Directorate Representative)

***Upon approval of sponsorship, a Directorate Representative shall witness and also sign this Contract to make it binding and this original copy will be kept in main student file maintained by the Directorate until requested or required by the student.**

PART D – ACADEMIC INFORMATION RELEASE

As a sponsored student, I hereby authorize and give permission to the *NHCN Education, Training & Culture Division (Directorate)* and/or to the *NHCN Employment & Training Program (E & T)* – The Sponsors, to access my personal academic information. Information may include:

- ☑ **Course Registration(s)**
- ☑ **Course Addition(s)**
- ☑ **Progress Report(s)**
- ☑ **Institution Invoice(s)**
- ☑ **Computer Login/Username/Password**
- ☑ **Probationary Status Notification Letter**
- ☑ **Voluntary Withdrawal(s)**
- ☑ **Mid-Term & Final Marks**
- ☑ **Attendance Record(s)**
- ☑ **Assessment(s)**
- ☑ **Academic Suspension Notification**
- ☑ **Transcript(s)** ☑ **Other:** _____

Student: _____ **Student Number:** _____

University/College: _____ **Program:** _____

Computer Username: _____ **Password:** _____

Student Signature: _____ **Date Signed:** _____

Date Effective From: _____, 20___ **To:** _____, 20___

Failure to submit all information on this form may result in a **HOLD** of sponsorship until all information requested is submitted to The Sponsors. All students should have this information within the first week of classes. This is to include submission of all copies of your Course Registration Forms, any Addition or Deletion of Courses at the beginning of each semester. All requested or required information may be *faxed* to the attention of your assigned Post-Secondary Counsellor to **(204) 359-6262** in Norway House or Winnipeg **(204) 515-6274**.

i. **All students must submit copies of their Registrations at the start of each semester.**

ii. **All students must submit copies of their Unofficial Transcripts after each semester.**

iii. **Any student Voluntary Withdrawing either from a course, courses, or from the program, MUST inform The Sponsors immediately and submit a copy of their Voluntary Withdrawal Form.**

iv. **Student must send in their Computer Login & Password to their Counsellor immediately upon being assigned a Computer Account by the University/College.**

v. **Failure to inform The Sponsors of CHANGING your Computer Login/Username and Password once submitted, shall result in withholding of Student Allowance and/or Termination of Sponsorship.**

***ALL SPRING/SUMMER STUDENTS SHOULD HAVE ALL OF THE ABOVE REQUIRED INFORMATION.**

PART E – PERSONAL UPDATE

Please include a short update about why you need to take Spring and/or Summer courses. You can attach a typed copy of this to the application if it is more appropriate.

NAME: _____ **DATE: _____**

☐**PERSONAL UPDATE ATTACHED ON SEPARATE SHEET**

***Student's Signature:* _____**

PART F – TRAVEL REQUEST FORM

THE MOST ECONOMICAL (Cheapest) FORM OF TRAVEL WILL BE USED.

As there is no Bus Service to Norway House, a flat rate shall be used from Norway House to Winnipeg and vice versa.

STUDENT: _____

TRAVELLING FROM: ☐ Norway House ☐ Other: _____

DESTINATION: ☐Winnipeg ☐The Pas ☐Brandon ☐Thompson ☐Other:_____

MODE OF TRANSPORTATION: ☐Bus ☐Personal Vehicle ☐Air ☐Other: _____

1. Student is responsible for finding and calculating costs of travel. ***Only at the request of The Sponsors, applicant must submit Travel Receipts or other supporting documents. Failure to submit will result in applicant having to pay for their own costs of travel and travel allowance will not be retroactive.***
2. Bus fare rates can be downloaded from Grey Hound/Grey Goose website and Air Fare quotes can also be downloaded from Air Service Providers.
3. Airfare only allowed if no other mode of transportation is available and may be restricted to applicant only as the cost of air travel is high.
4. If using Personal Vehicle, current mileage in kilometers will be provided using the NHCN Travel Scale.

NAMES OF ELIGIBLE TRAVEL RECIPIENTS INCLUDING STUDENT:

STUDENT & NAME OF SPOUSE/CHILDREN	AGE	COST ONE WAY
		$
		$
		$
		$
		$
		$
		$
		$
		$
TOTAL COST FOR ONE-WAY TRAVEL TO DESTINATION:		$
COST FOR CHRISTMAS BREAK RETURN HOME:		$
COST FOR CHRISTMAS BREAK RETURN TO INSTITUTION OF STUDY:		$
COST FOR RETURN HOME AFTER COMPLETION OF STUDIES:		$
TOTAL COST OF TRAVEL FOR THE ACADEMIC YEAR:		$

Student's Signature: _____

TRAVEL FOR ACADEMIC YEAR: 20___ / 20___

PART G – CHECK-OFF SHEET

Before submitting, please make sure each document is filled in, signed and dated where necessary and to check off to make sure all requested documents are included in this application package. ***It is now MANDATORY for all applicants/students to make a copy of this entire application package and to have a copy with you at all times. We may ask some for a copy of their Contract should any discrepancies or issues arise.***

INCOMPLETE APPLICATIONS *always delay* the approval process as the Registrar has to send out letters outlining missing documents, unsigned documents, etc. and gives at least 2 weeks for a response. If there is no response from applicant/student within the 2-week period, they will be sent a letter from the Registrar stating that the NHCN Post-Secondary Education Advisory Board cannot process their application and to reapply the next academic year.

STUDENT CHECK-OFF	APPLICATION PACKAGE DOCUMENTS	REGISTRAR CHECK-OFF
	1. ***(PART A)*** **-** Basic Personal Information Completed	
	2. ***(PART B)*** **-** Cost of Program of Study Attached	
	3. ***(PART C)*** **-** Contractual Agreement Signed and Dated	
	4. ***(PART D)*** **-** Academic Information Release Signed and Dated	
	5. ***(PART E)*** **-** Personal Update Completed	
	6. ***(PART F)*** **-** Travel Request Form Filled Out - ***If Applicable***	
	7. Recent Transcript(s) Attached - ***Copies Only***	
	8. Child Tax Benefit Statement Attached - ***If claiming Child/Children***	
	9. Copy of Dependent(s) School Registration Form Attached - ***If Applicable***	
	10. Other:	
	APPLICATION PACKAGE COMPLETE:	**YES / NO**

***If NOT APPLICABLE, please write N/A or if PENDING, please write Pending on the left-hand side above.**

IF FAXING APPLICATION, YOU MUST MAIL THE ORIGINAL TO:

NORWAY HOUSE CREE NATION

EDUCATION, TRAINING & CULTURE DIVISION

P.O. BOX 880, Norway House, Manitoba – ROB 1BO

MAIN OFFICE TELEPHONE #: (204) 359-6296 TOLL FREE NUMBER: 1-888-573-6267 FAX: (204) 359-6262
WINNIPEG-BASED OFFICE @333 MARYLAND STREET: TEL. #: (204) 339-2828 FAX: (204) 515-6274

In the month of June, and no later than the last week of June of given year, applicant shall be notified, via letter, of the decision made by the Post-Secondary Education Advisory Board if they have been approved or not approved for sponsorship. Under no circumstances shall sponsorship results be conveyed via telephone or fax.

If graduating this academic year, please fill out the Graduation Form two months before graduation. Student can request this form from their assigned Post-Secondary Counsellor.

Thank you for submitting your sponsorship application package, the Registrar will send you a letter via mail acknowledging that we are in receipt of your application package or if your application is incomplete.