



EDUCATION DEPARTMENT

MNCFN Community Trust COVID-19 Support Reimbursement Application

Miigwech to the MNCFN Community Trust! The MNCFN Community Trust is providing funding support for ALL MCFN Elementary and Secondary (high school) Students who reside on or off reserve and who need assistance with technology/equipment and/or tutoring during the COVID-19 pandemic.

Maximum reimbursement for Technology/Equipment and/or Tutoring: \$800.00 per student.

(LSK Students are ineligible for technology reimbursement unless the need is over and above what LSK is already providing)

Total available dollars per student can be a combination of both Technology/Equipment and Tutoring.

Total reimbursement will not exceed \$800.00 per student.

Parent/Guardian Name: _____

Child's Full Name: _____

Birthday: _____ Registration (status) Number: _____

Phone Number: _____ Email: _____

Home Address: _____

Please Select One: On Reserve: _____ Off Reserve: _____

Grade: _____ School: _____

Amount requested for reimbursement: (technology & equipment and/or tutoring services):

☐ Tutoring services: _____

☐ Technology & Equipment: _____

Total Receipt Amount: _____ (Maximum \$800.00)

Documentation Required:

- ☐ Copy of Child's Status Card (Front and Back)
- ☐ Copy of Parent/Guardian ID (1 Piece of Photo ID, Front and Back)
- ☐ Proof of Enrolment in an Elementary or Secondary School (letter from school, current class schedule, etc)
- ☐ Banking information for Direct Deposit
- ☐ Receipts – MUST show proof of payment * Quotes will not be accepted *

Receipts must be dated no earlier than April 1, 2020 and no later than December 1, 2021

Parent/Guardian Signature

Date



Education Department,
Mississaugas of the Credit First Nation
2789 Mississauga Road, Bldg. #3, RR 6, Hagersville, Ontario N0A 1H0



Phone: (905) 768- 4983
Fax: (905) 768-0944



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Applications and documentation can be submitted via:

- Email → education.clerk@mncfn.ca

OR

- Mail → 2789 Mississauga Road, Building #3
Hagersville, Ontario
N0A 1H0
Attn: Education Department

***** New Address *****

OFFICE USE ONLY

Department:		
Account:		
Amount:		
Approved:	Not: Approved:	Director Signature:



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