

Application for Post Secondary Student Assistance



Department of Lifelong Learning

PERSONAL & CONTACT INFORMATION

First Name	Middle Name	Last Name
Registration #	MCFN Member Yes No	Date of Birth
Home Address (Street, City, Province, Postal Code)		
Address While at School (Street, City, Province, Postal Code)		
Phone #	Cell#	
Email address Note: we frequently send communications by email.		

Please include the following with EACH application:

- Application for Post Secondary Student Assistance
- Signed Release of Information Form
- Signed Financial Recovery Contract
- Proof of registration copy of a valid Status Card (new students only)
- Grades/marks on copy of original transcript
- Banking information (void cheque or letter from banking institution) new students & students updating information.
- Acceptance letter from Post-Secondary Institution (Please submit as soon as available)

EDUCATION PLAN *Applications must be submitted each year of your program

Enrolment for:	Deadline:
September (Fall)	May 1st
January (Winter)	October 1 st
May-Aug (Spring-Summer)	February 1 st

Name of Institution:			
Name of Program:			
Length of Program:		Year Entering : 1st 2nd 3rd 4th	Have you self-funded?
Full Time:	Part Time:	Living in Residence? Yes or No	Anticipated Graduation:
Level 1 College and University Preparation Programs		Academic Year Start Date:	
		Academic Year End Date:	
Level 2 College		Academic Year Start Date:	
		Academic Year End Date:	





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Level 3 Undergraduate University	Academic Year Start Date:
	Academic Year End Date:
Level 4 Graduate or Professional	Academic Year Start Date:
	Academic Year End Date:
Level 5 Post Graduate	Academic Year Start Date:
	Academic Year End Date:

- I certify that all information contained on this application is true and correct.
- I understand that any false statements intentionally given on this application, by email, fax or telephone will disqualify my application.
- I understand that if all the required documents as listed above are not include with my application, my application will be deemed incomplete and will not be processed. I also recognize that it is my responsibility to ensure that all supporting documents are post-dated and/or received by the Mississaugas of the Credit Education Department by the deadline.
- I understand that, if funded, it is my responsibility to opt-out of health and dental plans at the school.
- I have read and agree to comply with the Mississaugas of the Credit First Nation Post Secondary Student Assistance Policy.

SIGNATURE: _____

DATE: _____

If you have any questions about this application please contact us:

Bernadette O'Grady-Bomberry: LLPSA@mncfn.ca

Pet King, Clerk: LLclerk@mncfn.ca

Sarah Stubbs, Admin Assistant: Sarah.Stubbs@mncfn.ca

Patti Barber, Director: Patti.Barber@mncfn.ca





Department of Lifelong Learning

RELEASE OF INFORMATION

To Whom It May Concern:

I am a sponsored student through the Mississaugas of the Credit First Nation and I am required to provide specific information to them.

Therefore, I hereby authorize your department to release all transcripts, other relative documents, including financial information, regarding my progress during the academic year.

The *Freedom of Information and Protection of Privacy Act* applies to Ontario's provincial ministries and agencies, boards and most commissions, as well as community colleges and district health councils. The *Act* requires that the government protect the privacy of an individual's personal information existing in government records. It also gives individuals the rights to request access to government information, including most general records and records containing their own personal information.

See reference site www.ipc.on.ca for more information.

STUDENT NAME _____

STUDENT I.D. # _____

PROGRAM _____

All pertinent documents to be addressed to the attention of:

Department of Lifelong Learning
Mississaugas of the Credit First Nation
2789 Mississauga Road, Bldg. #3
Hagersville, ON
N0A 1H0

Yours truly,

Student Signature

Date





Department of Lifelong Learning

FINANCIAL RECOVERY CONTRACT

This agreement, made this _____ day of _____, 20 _____,

1. The First Nation agrees to provide financial assistance to the Student in accordance with the Post Secondary Student Assistance Policy of the Mississaugas of the Credit First Nation.
2. The Student agrees that he/she:
 - a. Is or intends to become enrolled as a student at _____ college/university, in the _____ program.
 - b. Shall attend all classes and complete all requirements of the said program, and shall provide such confirmation of attendance and progress reports to the First Nation as the First Nation may require from time to time.
 - c. Shall comply with the terms of this agreement and with the Post Secondary Student Assistance Policy of the First Nation in effect from time to time.
 - d. Shall inform the Education Department in writing of his/her address, telephone number and e-mail address any change thereto during the term of this agreement.
 - e. Shall inform the Education Department in writing immediately in the event he/she fails to commence or continue as a student.
 - f. Shall in the event of any default of this agreement by the Student, including but not limited to withdrawal by the Student from the said program prior to successful completion thereof, reimburse to the First Nation all financial assistance received by the Student from the First Nation, and shall pay interest at the rate established by the First Nation from the date of default on all amounts outstanding.
3. This agreement shall continue in effect until the Student successfully completes the program or repays all financial assistance as the case may be.
4. Provide by September 13 (if completing summer courses), January 13 and May 13 each year, an official transcript each term. Failure to do so will result in a delay of living allowance being released.

In witness whereof, the parties have signed as of the date first written above.

Mississaugas of the Credit First Nation
Director of Lifelong Learning

Student Signature

