Food Security & Enrollment Allowance

This monthly payment is for the 23-24 school year

The Food security and Enrollment Allowance provides funds for secondary Department of Lifelong Learning students living on First Nations Location 40A, commencing in the month of February (approval date of supports/policy) and ending in June. Students are also encouraged to have a personal bank account for the purposes of monthly electronic fund transfers.

Support	Amount	Distribution	Duration
Food Security	\$10.00	Monthly	February 2024 - June 2024
Enrollment Allowance	\$50.00	Monthly	February 2024 – June 2024

For Allowances email Lifelong Long Learning Clerk; Pet King LLClerk@mncfn.ca

Eligibility requirements

Student is a registered Member of the Mississaugas of the Credit First Nation
Student is currently residing on First Nation Location 40A
Student attends a secondary school in Brant, Haldimand or Norfolk County
Student is on MCFN Lifelong Learning Nominal Roll
Student is regularly/actively attending school

Procedure:

- Provide details of where they are attending school; and confirmation of current attendance (Report Card or Enrollment Verification Letter)
- Complete the application form and submit either by mail, email or in person
- Submit required documentation; (Photos accepted via email)

Status Card
Report Card or Enrollment Verification Letter
Void Cheque/ Direct Deposit Form (Banking information for electronic fund transfer
payment)

E-mail Application packages to: LLClerk@mncfn.ca Post Mail Application Packages to mailing address below Drop Package off at Lifelong Learning Office address below

Note

This funding will be reviewed on an annual basis for availability. All required documentation must be completed prior to the issuing of the support payment.





Food Security & Enrollment Allowance Application Form For 2023-2024 School Year



equirea Documents (,				
Status Card	Attendance (Report Card)	Direct De	posit Form/Void	Cheque	
udent Personal & Co	ntact Information				
irst Name:	Middle Initial (s):		Last Name:		
ICFN 10 Digit Registra	tion Number	Expiry Date			
Date of Birth		Cell Phone	Home I	Phone	
lome Address		Mailing Address (if different)			
mail Address			ontact (Circle) Home Phone	Email	
econdary School					
<u> </u>	at:				
am a registered student					
am a registered student	at:				
am a registered student ircle: <u>BRANT</u> /	at:	County.			
am a registered student ircle: <u>BRANT</u> /	at:	County. /ing for the Foo	od Security for	my child	
am a registered student ircle: BRANT / I, who is under the ag	at: HALDIMAND / NORFOLK , am apply e of 16 and certify that the	County /ing for the Foo	od Security for	my child I correct.	
I,who is under the ag	at:	County /ing for the Foo	od Security for bove is true and	my child I correct.	
am a registered student ircle: BRANT / I, who is under the ag	at: HALDIMAND / NORFOLK , am apply e of 16 and certify that the	County /ing for the Foo	od Security for bove is true and	my child I correct.	
am a registered student ircle: BRANT / I, who is under the ag Caregiver Signature:	at: HALDIMAND / NORFOLK , am apply e of 16 and certify that the	County. /ing for the Footinformation all	od Security for a	my child I correct.	