



Department of Lifelong Learning

Food Security & Enrollment Allowance

This one-time allowance is for the 23-24 school year only.

The **Food security** and **Enrollment Allowance** provides funds for secondary 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	Duration
Food Security	\$10.00/day	February 2024 - June 2024
Enrollment Allowance	\$50.00/month	February 2024 – June 2024

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

Eligibility requirements

- Student is a registered Member of the Mississaugas of the Credit First Nation.
- 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.



Department of Lifelong Learning
Mississaugas of the Credit First Nation
659 New Credit Road, Bldg #5, Hagersville, ON



Department of Lifelong Learning
Mississaugas of the Credit First Nation
2789 Mississauga Rd, Hagersville, ON NOA 1H0



Phone: 905 768 0516



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Application Form For 2023-2024 School Year Only

Applications Due by: Wednesday, July 31, 2024

Required Documents Check List: *(Photos/Screen Shots are accepted via Email)*

Status Card Attendance (Report Card) Direct Deposit Form/Void Cheque

Student Personal & Contact Information

First Name:	Middle Initial (s):	Last Name:
MCFN 10 Digit Registration Number	Expiry Date	
Date of Birth	Cell Phone	Home Phone
Home Address	Mailing Address (if different)	
Email Address	Best way of Contact (Circle) Cell Phone Home Phone Email	

Secondary School

I am a registered student at: _____

Circle: BRANT / HALDIMAND / NORFOLK COUNTY / OTHER _____

I, _____, am applying for the Food Security for my child who is under the age of 16 and certify that the information above is true and correct.

Caregiver Signature: _____ Date: _____

I, _____, am applying for the high school incentive and certify that the information above is true and correct. (if you are 16 and over)

Signature: _____ Date: _____



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