## **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 <u>LLClerk@mncfn.ca</u>

<b>Eligibility</b> r	equirements			
	Student is a registered	Member of the Missis	saugas 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	
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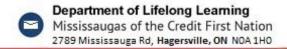
- □ Report Card or Enrollment Verification Letter
- □ Void Cheque/ Direct Deposit Form (Banking information for electronic fund transfer payment)

E-mail Application packages to: <a href="LLClerk@mncfn.ca"><u>LLClerk@mncfn.ca</u></a>
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.





Phone: 905 768 0516

## **Food Security & Enrollment Allowance**

Application Form For 2023-2024 School Year Only





	Department of Lifelong Lear	
Required Documents Check List: (Photos/Se	cr <u>een</u> 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 COL		
I,, am apply who is under the age of 16 and certify that the		
Caregiver Signature:	Date:	
I,, am applying certify that the information above is true	ing for the high school incentive and	
Signature:	Date:	