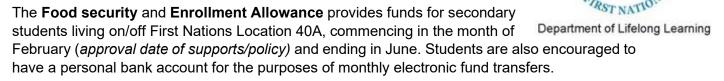
## **Food Security & Enrollment Allowance**

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



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> red	quirements
	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)

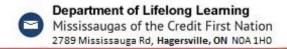
Status Card
Report Card or Enrollment Verification Letter
Void Cheque/ Direct Deposit Form (Banking information for electronic fund transfer payment)

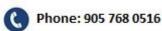
E-mail Application packages to: <a href="LLClerk@mncfn.ca"><u>LLClerk@mncfn.ca</u></a>
Post Mail Application Packages to mailing address below Drop Package off at Lifelong Learning Office address below

## 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.





## **Food Security & Enrollment Allowance**

Application Form For 2023-2024 School Year Only





Required Documents Check List: (Photos/Screen Shots are accepted via Email)								
Status Card Attenda	ance (Report Card)	☐ Direct Dep	osit 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 F	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 COU	INTY / OTHER	2					
l,	, am apply	ing for the Foo	d Security for I	ny child				
who is under the age of 16 and certify that the information above is true and correct.  Caregiver Signature: Date:								
Caregiver digitature.		Date.						
I,, am applying for the high school incentive and								
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:								

