

MNCFN Community Trust COVID-19 Support Reimbursement Application



Department of Lifelong Learning

Miigwech to the MNCFN Community Trust! The MNCFN Community Trust is providing funding support for ALL MCFN Elementary and Secondary (high school) Students who reside on or off the Territory and who need assistance with technology/equipment and/or tutoring during the COVID-19 pandemic. Maximum reimbursement for Technology/Equipment and/or Tutoring: \$1200.00 per student.

(LSK Students are ineligible for technology reimbursement unless the need is over and above what LSK is already providing) **Total reimbursement will not exceed \$1200.00 per student.**

Parent/Guardian Name: _____

Child's Full Name: _____

Birthday: _____ Registration (status) Number: _____

Phone Number: _____ Email: _____

Home Address: _____

Please Select One: On Territory _____ Off Territory: _____

Grade: _____ School: _____

Amount requested for reimbursement: (technology & equipment and/or tutoring services):

☐ Tutoring services: _____

☐ Technology & Equipment: _____

Total Receipt Amount: _____ (Maximum \$1200.00)

Documentation Required:

- ☐ Copy of Child's Status Card (Front and Back)
- ☐ Copy of Parent/Guardian ID (1 Piece of Photo ID, Front and Back)
- ☐ Proof of Enrolment in an Elementary or Secondary School (letter from school, current class schedule, etc.)
- ☐ Banking information for Direct Deposit
- ☐ Receipts – MUST show proof of payment * Quotes will not be accepted *

Receipts must be dated between April 1, 2023 and no later than March 31, 2024

Parent/Guardian Signature

Date



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 N0A 1H0



Phone: 905 768 0516



Department of Lifelong Learning

Applications and documentation can be submitted via:

- Email  LLClerk@mncfn.ca
- Mail  **659 New Credit Road, Building #5
Hagersville,
Ontario
N0A 1H0
Attn: Department of Lifelong Learning**

**** New Address ****

OFFICE USE ONLY

Department:	
Account:	
Amount:	
Approved: Approved:	Not: Director Signature:



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