



Application for Post – Secondary Student Assistance

Personal & Contact Information

First Name	Middle Name	Last Name
MCFN Member Yes <input type="checkbox"/> No <input type="checkbox"/>	Registration # (10 digit #)	Date of Birth

Home Address (Street, City, Province/state, Postal code/zip code)

Address while in school (Street, City, Province/state, Postal code/ zip code)

Phone #: _____ Cell #: _____

Email Address (note: We frequently send communications by email):

Please include the following with EACH application:

- Application for Post-Secondary Student Assistance
- Signed Release of Information Form
- Signed Financial Recovery Contract
- Proof of Registration: copy of a valid Status card (new students only)
- Original transcript grades/marks
- Banking information (void cheque or letter from bank institution) new students & students updating information
- Acceptance letter from Post – Secondary Institution (Please submit as soon as possible)

Education Plan: Applications must be submitted each year of your program.

Enrollment for:

September (Fall)

January (Winter)

May – August (Spring – Summer)

Deadline:

May 1st

October 1st

February 1st

Name of Institute: _____

Name of Program: _____

Length of Program: _____

Year Entering 1st 2nd 3rd 4th



Have you self – funded? Yes No

Full Time Part Time

Living on Residence? Yes No

Anticipated Graduation Date: _____

Level 1 Academic Year Start Date Academic Year End date

College & University Preparation Programs		
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Level 2

College		
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Level 3

Undergraduate University		
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Level 4

Graduate/Professional		
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Level 5

Post - Graduate		
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- I certify that all information contained on this application is true and correct.
- I understand that any false statements intentionally given on this application, by email, fax or telephone will disqualify my application.
- I understand that if all the required documents listed above are not included with my application, my application will be deemed incomplete and will not be processed. I also understand that it is my responsibility to ensure that all supporting documentation are post – dated and/or received by MCFN Lifelong Learning Department by the deadline.
- I understand that, if funded, it is my responsibility to opt-out of health and dental plans at the school.
- I have read and agree to comply with the Mississaugas of the Credit First Nation Post – Secondary Student Assistance Policy.

Signature: _____ Date: _____

If you have any questions about this application, please contact:

Bernadette O' Grady-Bomberry, Advisor: LLPSA@mncfn.ca
Angela King, LL Administration Assistant: Angela.king@mncfn.ca

