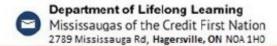


Personal & Contact Information

First Name	Middle Name	Last Name
MCFN Member Yes □ No□	Registration # (10 digit #)	Date of Birth
Home Address (Street, City, Pro	ovince/state, Postal code/zip co	de)
Address while in school (Street,	City, Province/state, Postal cod	e/ zip code)
Phone #:	Cell #:	
Email Address (note: We freque	ntly send communications by e	mail):
 Signed Release of Inform Signed Financial Recove Proof of Registration: col Original transcript grades Banking information (voice updating information 	ondary Student Assistance mation Form ery Contract py of a valid Status card (new s s/marks d cheque or letter from bank ins	students only) stitution) new students & students ease submit as soon as possible)
Education Plan: Applications mu	ust be submitted each year of ye	our program.
Enrollment for: September (Fall) January (Winter) May – August (Spring – Summe	<u>Deadline:</u> May 1 st October 1 st er February 1st	
Name of Institute:		
Name of Program:		
Length of Program:		

Year Entering $1^{\text{st}} \square 2^{\text{nd}} \square 3^{\text{rd}} \square 4^{\text{th}} \square$





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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					
Level 2					
College					
Level 3					
Undergraduate University					
Level 4					
Graduate/Professional					
Level 5					
Post - Graduate					

- 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:	
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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



