



**MISSANABIE CREE FIRST NATION
POST-SECONDARY
STUDENT SUPPORT PROGRAM (PSSSP)
APPLICATION**



BASIC STUDENT INFORMATION

Application Date

20 / /
YEAR /MONTH /DAY

<input type="checkbox"/>	New Student
<input type="checkbox"/>	Re-Enrollment

Priority

Registry # 233

Birth Date

/ /
YEAR /MONTH /DAY

Gender

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Other

Last Name (Maiden Name if Applicable)

First Name

Cell Phone Number

() -

Permanent Address

City

Prov/ State

Postal/Zip Code

Address (While Attending School)

City (While Attending School)

Prov/ State

Postal/Zip Code

Home Phone Number

() -

E-Mail

Canadian or USA Resident

Single

Single Parent

Married/Common Law with Employed Spouse

Married/Common Law with Dependant Spouse

DEPENDANT INFORMATION

Dependants

Yes

No

How Many

Proof of Dependents

(Please provide one of the following documents for verification)

Ages

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	School Registration
<input type="checkbox"/>	Income Tax Summary
<input type="checkbox"/>	Income Tax Assessment

SPECIAL NEEDS

Documented Special Needs (Physical, Learning, Hearing, etc.)

Yes

No

Recent Assessment Attached

(Submission upon approval of funding)

Yes

No

Accommodations/Resources Required

Yes

No

If Yes, Please List:



Missanabie Cree First Nation

STUDENT SPONSORSHIP AGREEMENT

I, _____ a member of Missanabie Cree First Nation, agree to the following conditions for my acceptance for post-secondary funding:

1. I acknowledge that I have access to the current Missanabie Cree First Nation Post -Secondary Student Support Program Policy, md Guidelines and t h at 1 have received a copy an d/ or have access to an electronic copy on the MCFN website. These guidelines will be strictly adhered to by MCFN Education Department. I agree to read these guidelines thoroughly as they outline the conditions of my educational assistance for post-secondary funding.
2. I am normally a resident of Canada for 12 consecutive months prior to the date of application for funding. (4.2 Eli gible students, National Program Guidelines 2018-2019, page 2).
3. I am aware that funding sponsorship is not guaranteed.
4. I understand that I must make an application for funding each academic year for the duration of my post-secondary program.
5. I will not make changes to my post-secondary program without contacting and discussing these changes with the MCFN Post-Secondary Education Officer. I acknowledge that such changes may impact the overall length and amounts of support available to me.
6. I understand that I must submit final marks for each semester attended in a timely manner.
7. I must maintain the minimal grade point average needed to successfully complete the semester to be eligible for continued funding; college - 2.00 GPA and university - 60% minimum. Failure to meet minimum institution al grades could put me on probation by the educational institution as well as Missanabie Cree First Nation. If I am asked to withdraw from the post-secondary program that means monies (tuition and living allowance) paid to me will be owed to Missanabie Cree First Nation and will affect future applications for funding.
8. I must contact MCFN Education Officer and the Indigenous Student Advisor or equivalent at the post-secondary institution immediately if experiencing any difficulties whether personal or academic.
9. I may not unofficially withdraw (dropping out) from my post-secondary program. To do so means that I will owe any such overpayment s (tuition, living allowance) to Missanabie Cree First Nation .

I understand these conditions. If I do not comply with the conditions as presented, funding will terminate immediately and future funding will be affected.

Student Signature

Date

Education Officer, Missanabie Cree First Nation

Date



Missanabie Cree First Nation

174B Hwy 17B
Garden River
Ontario P6A 6Z1

Phone:1-705-254-2702
Fax: 1-705-254-3292
www.missanabiecreefn.com

RELEASE OF INFORMATION

Office of the Registrar,

(Name of Institution)

To whom it may concern:

As a student sponsored by the Missanabie Cree First Nation Post-Secondary Student Support Program (PSSSP), I hereby authorize you to release all transcripts and other related documents regarding my progress during the _____ academic year to the sponsoring agency

Student Name: _____

Student # _____

Program _____

Please forward all progress reports and transcripts as they become available to:

Education Department

Missanabie Cree First Nation

174B Hwy 17B

Garden River, ON P6A 6Z1

Attention: Education Officer or Email: education@missanabiecree.com

Student Signature

Date



Missanabie Cree First Nation

DIRECT DEPOSIT INFORMATION FORM

Please note that all Allowances are sent via Electronic Funds Transfer. We require your banking information to complete this transaction. Please provide us with a **Direct Deposit Form provided by your Bank**. Please return this information to:

MAIL

Missanabie Cree First Nation
Attention: Louise Campbell
174B Hwy 17B
Garden River, Ontario, P6AZ1

FAX

(705) 254-3292

If you were previously registered with us, please verify that the details of this information are still correct by signing and dating this form.

If the information is not correct, please provide a new Direct Deposit Form from your bank.

_____ I verify that the information on record is correct.

Signature

Date