



**MISSANABIE CREE FIRST NATION POST-SECONDARY
STUDENT SUPPORT PROGRAM (PSSSP) APPLICATION**
174B HWY 17B, Garden River, Ontario P6A 6Z1
Toll Free 1-800-319-3001 or 1-705-254-2702 Fax 1-705-254-3292



BASIC STUDENT INFORMATION

Application Date | New Student Re-Enrollment | **Priority** | **Registry # 223** | **Birth Date**

Last Name (Maiden Name if Applicable) | **First Name** | Female Male Other | **Gender** | **Cell Phone Number**

Permanent Address | **City** | **Prov/ State** | **Postal/Zip Code**

Mailing Address (if different from above) | **City** | **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 Dependants**
(Please provide one of the following documents for verification)

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

Ages

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|

SPECIAL NEEDS

Documented Special Needs (Physical, Learning, Hearing, etc.) Yes No

Recent Assessment Attached Yes No
(Submission upon approval of funding)

Accommodations/Resources Required Yes No

If Yes, Please List: _____

EDUCATION PLAN

Program / Course

School / Institution

City / Location

Attendance

| | |
|--|-----------|
| | Full Time |
| | Part Time |

Category

| | |
|--|------------------|
| | P1: College |
| | P2: University |
| | P3: Grad Studies |

Funding Levels

| | |
|--|---|
| | Level 1: Certificate / Diploma |
| | Level 2: Certificate / Undergraduate Degree |
| | Level 3: Graduate Degree or Advanced or Professional Degree |
| | Level 4: Doctoral Program |

Length

Current Year

From

YEAR /MONTH /DAY

To

YEAR /MONTH /DAY

Category

| | |
|--|-------------|
| | Final |
| | Continued |
| | Conditional |

Graduation Date

YEAR /MONTH /DAY

ESTIMATED COSTS (For Office Use Only)

| Approved | Conditions? | NO | YES | NO | YES | Fiscal Year/Semester | | | | | | | | | | | | | | |
|----------|-------------|----|-----|----|-----|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
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VERIFICATION OF INFORMATION

I hereby certify that all statements are true and correct and understand that any misrepresentation may result in termination of sponsorship/funding.

I understand it is my responsibility to inform Missanabie Cree First Nation Education Department of any changes to the information provided in the Student Application Form. Failure to do so could result in termination of sponsorship/funding.

I also acknowledge that I have received and read the Missanabie Cree Post-Secondary Student Support Program (PSSSP) Policy handbook.

Applicant _____

Date _____

By clicking this, I agree to using my signature electronically and are bound to the terms of this document.

OFFICE USE ONLY

Recommended Conditional Recommendation Not Recommended Funding Dependant

Reason: _____

Authorized Signature: _____ Date: _____

By clicking this, I agree to using my signature electronically and are bound to the terms of this document.



Missanabie Cree First Nation

STUDENT SPONSORSHIP AGREEMENT

I, _____ a member of Missanabie Cree First Nation, agree to the following conditions for my
(full name)
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, and Guidelines and that I have received a copy and/ 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 Eligible 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 institutional 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 overpayments (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

By clicking this, I agree to using my signature electronically and are bound to the terms of this document.

Date

Education Officer, Missanabie Cree First Nation

By clicking this, I agree to using my signature electronically and are bound to the terms of this document.

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

By clicking this, I agree to using my signature electronically and are bound to the terms of this document.

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 electronically verify that the information on record is correct.

Signature

Date

By clicking this, I agree to using my signature electronically and are bound to the terms of this document.