# Missanabie Cree First Nation

**174 B Hwy 17B**
**Garden River**
**Ontario P6A 6Z1**

**Phone: (705)-254-2702**
**Fax: (705)-254-3292**
**www.missanabiecreefn.com**

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TO:

FROM:

DATE:

**RE: APPLICATION FOR POST-SECONDARY FUNDING**

Enclosed is an application package for post-secondary assistance which is administered by Missanabie Cree First Nation. There is no guarantee of funding.

Post-secondary assistance applications for the 2020/2021 academic year should be in this office no later than May 15, 2020. Official start date is determined by the institution; usually in September.

**Applications received after May 15, 2020 will be subject to funds available.**

**The following documentation is required before your application will be considered.**

| | **Required** |
|---|---|
| A letter outlining educational goals | _____ |
| Copy of an acceptance letter from a post- secondary Institution in a program for which the academic Requirement is "grade 12, or mature student status" | _____ |
| Student Information Sheet | _____ |
| Consent for release of information form | _____ |
| Application for educational assistance form | _____ |
| Official transcripts of most recent semester | _____ |
| Copy of Certificate of Indian Status Card | _____ |
| Agreement re terms of funding | _____ |

STUDENT INFORMATION SHEET

Name: _____

Membership Number _____

Present Address:

_____ Telephone # _____

_____ Postal Code _____

Permanent Address (if different from above)

_____ Telephone# _____

_____ Postal Code _____

Marital Status:

Single _____

Married/Common Law _____

Funding Status (FULLTIME STUDENTS ONLY):

_____ Single Student

_____ Single parent with ____dependents(s)

_____ Married/Common Law student with employed spouse with _____dependent(s)

_____ Married/Common Law student with dependent spouse and _____additional dependent(s)

| Name of dependents: | Date of Birth: |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

A copy of your Revenue Canada Taxation Claim indicating your dependents may be required for proof of dependents as well as your place ofr esidence.

I certify that the above information is correct. I understand it is my responsibility to inform the Education Officer of Missanabie Cree First Nation of any changes to the above. Failure to do so could result in termination of sponsorship.

_____ _____

Student Signature Date

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Date: _____

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

Program: _____
Level of Education _____
Institution: _____
Semester/Year: _____
Full or Part-time: _____

1. Submit marks for each semester
2. Must maintain the minimal grade point average needed to successfully complete the semester to be eligible for continued funding; failure to meet minimum institutional grades means that monies paid to me will be owed to Missanabie Cree First Nation and will affect future applications
3. Will not make changes to my program without discussing it with my Education Officer. I acknowledge that such changes will impact the overall length and amounts of support for which I may be eligible
4. Contact educational counselor at the post-secondary institution and my band education officer immediately if experiencing any difficulties
5. Student understands that s/he must make an application each academic year for funding
6. Unofficial with-drawl from the post-secondary institution program means that I will owe any such overpayments to Missanabie Cree First Nation
7. I am normally a resident of Canada
8. I am aware that funding sponsorship is not guaranteed

I understand these conditions. If I do not comply with the conditions as presented, funding will terminate and will affect any future funding.

_____ _____
Student Signature Date

_____ _____
Education Officer Date

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**Office of the Registrar,**

_____
***(Name of school)***

**To whom it may concern:**

**As a student sponsored by the Missanabie Cree First Nation, I hereby authorize you to release all transcripts and other related documents regarding my progress to the Education Officer of the sponsoring agency.**

**Student Name:** _____
**Student #** _____
**Program** _____

**Please forward all progress reports and/or transcripts for each semester as they become available to:**

**Missanabie Cree First Nation**
**174B Hwy 17B**
**Garden River, ON**
**P6A 6Z1**

**Email: education@missanabiecree.com**

**Attention: Judy Syrette, Education Officer**

_____
**Student Signature**

_____
**Date**

# APPLICATION FOR EDUCATIONAL ASSISTANCE

Post- Secondary Program

## STUDENT IDENTIFIER

____ New Student

____ Continuing Application Date_____ Birth Date_____ 10 Digit Band #_____

## BASIC STUDENT INFORMATION

| SURNAME | GIVEN NAME | PHONE |
|---|---|---|
| E-MAIL | ADDRESS | CITY / PROVINCE |
| POSTAL CODE | DEPENDENTS | ____ MALE<br>____ FEMALE |

**FUNDING LEVELS AS PER POLICY**

LEVEL I_____ LEVEL II_____ LEVEL III_____

## EDUCATION PLAN

| | |
|---|---|
| FULL TIME ___ PART TIME___ | TYPE OF PROGRAM - COMMUNITY COLLEGE ___<br>UNIV. DIPLOMA/DEGREE ___ B.A.___ M.A.___ P.H.D ___ |
| PROGRAM/COURSE | LENGTH OF PROGRAM (YRS) & CURRENT YR OF STUDY |
| INSTITUTION NAME / ADDRESS | POSTAL CODE |
| START DATES<br>FROM___/___/_____ TO___/___/___ | DATE OF GRADUATION<br>____/____/____ |

## ESTIMATED COSTS

| Fall Semester | 2020 | | | | | Winter Semester | 2021 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TUITION | | | | | | TUITION | | | | | |
| BOOKS | | | | | | BOOKS | | | | | |
| LIVING ALLOWANCE 4 months | | | | | | LIVING ALLOWANCE 4 months | | | | | |
| | | | | | | | | | | | |
| TOTAL COSTS | | | | | | TOTAL COSTS | | | | | |

**I have read and agree to the conditions for this financial assistance**

_____ _____

**Applicant signature** **Date**

___ **RECOMMEND**
___ **NOT RECOMMEND**
___ **FUNDING DEPENDENT**

_____

**Education Officer signature**

**MISSANABIE CREE FIRST NATION**
**174B HWY 17B, GARDEN RIVER, ONTARIO P6A 6Z1 TOLL FREE 800-319-3001 OR 705-254-2702 FAX 705-254-3292**