

Application for Post Secondary Student Assistance



Department of Lifelong Learning

PERSONAL & CONTACT INFORMATION

First Name	Middle Name	Last Name
Registration #	MCFN Member Yes No	Date of Birth
Home Address (Street, City, Province, Postal Code)		
Address While at School (Street, City, Province, Postal 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)
- Proof of residency in Ontario and Canada (please submit a copy of a utility bill/cell phone bill/rent receipts etc. showing 12 months previous to the month of application deadline) or a dated and signed letter from a landlord/parent that includes your name and the date you started living at your current address
- Grades/marks on copy of original transcript
- Banking information (void cheque or letter from banking institution) new students & students updating information.
- Acceptance letter from Post-Secondary Institution (Please submit as soon as available)

EDUCATION PLAN *Applications must be submitted each year of your program

Enrolment for:	Deadline:
September (Fall)	April 30 th
January (Winter)	October 1 st
May-Aug (Spring-Summer)	February 1 st

Name of Institution:			
Name of Program:			
Length of Program:		Year Entering : 1 st 2 nd 3 rd 4 th	Have you self-funded?
Full Time:	Part Time:	Living in Residence? Yes or No	Anticipated Graduation:
Level 1 College		Academic Year Start Date:	
		Academic Year End Date:	
Level 2 Undergraduate University		Academic Year Start Date:	
		Academic Year End Date:	



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Level 3 Graduate or Professional	Academic Year Start Date:
	Academic Year End Date:
Level 4 Post-Graduate	Academic Year Start Date:
	Academic Year End Date:

- 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 as listed above are not include with my application, my application will be deemed incomplete and will not be processed. I also recognize that it is my responsibility to ensure that all supporting documents are post-dated and/or received by the Mississaugas of the Credit Education 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 us:

Rose Beaver, Education Counsellor: PSE.Counsellor@mncfn.ca
Pet King, Clerk: LLclerk@mncfn.ca
Sarah Stubbs, Admin Assistant: Sarah.Stubbs@mncfn.ca
Patti Barber, Director: Patti.Barber@mncfn.ca



Department of Lifelong Learning
Mississaugas of the Credit First Nation
2789 Mississauga Road, Building #3, Hagersville, ON



Phone: 905-768-7138

