

# Application for Post Secondary Student Assistance



## 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)
- ☐ 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

<b>Enrolment for:</b>	<b>Deadline:</b>
September (Fall)	May 1st
January (Winter)	October 1 <sup>st</sup>
May-Aug (Spring-Summer)	February 1 <sup>st</sup>

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





Level 3 Undergraduate University	Academic Year Start Date:
	Academic Year End Date:
Level 4 Graduate or Professional	Academic Year Start Date:
	Academic Year End Date:
Level 5 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:

Bernadette O'Grady-Bomberry: [LLPSA@mncfn.ca](mailto:LLPSA@mncfn.ca)

Pet King, Clerk: [LLclerk@mncfn.ca](mailto:LLclerk@mncfn.ca)

Patti Barber, Director: [Patti.Barber@mncfn.ca](mailto:Patti.Barber@mncfn.ca)



**Department of Lifelong Learning**  
**Mississaugas of the Credit First Nation**  
659 New Credit Road, Bldg #5, Hagersville, ON



**Department of Lifelong Learning**  
**Mississaugas of the Credit First Nation**  
2789 Mississauga Rd, Hagersville, ON N0A1H0



**Phone: 905 768 0516**

