

Mississagi Trust

Application form for Band Members Excluding Business Requests

This application form is to be completed by Mississauga First Nation Band Members.

Please complete all three sections and complete the checklist prior to sending.

SECTION A

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

BAND NUMBER:

Have you ever applied for funding from Mississagi Trust before? YES NO

If Yes, how much did you apply for? \$

When? Was it approved? YES NO

Is this application for: Yourself Your child

If the application is for your child, please provide the child's name and date of birth.

Child's Name:

Child's Date of Birth:

FOR OFFICE USE ONLY

Identifier Number

SECTION B – Purpose of Request

Please select the most appropriate category	From the drop down menu, please select the description that is closest to your request	Please provide details about your request
<input type="checkbox"/> EDUCATION	Professional Development	
<input type="checkbox"/> HEALTH	Medication not otherwise covered	

How much are you requesting? \$

Explain why this is important to you or your child.

Identifier Number

SECTION C

If your application is approved by the Trustees you are required to publically thank the Trust and the Band members of Mississauga First Nation for the contribution.

Provide a brief "Thank You" that explains how this support has benefitted you or your child.

NOTE: The "Thank You" provided may be printed in the Mississagi Trust Newsletter.

I confirm that the information in this application is accurate;

Signature

Date

Identifier Number

Mississagi Trust

Checklist for Band Member Applications Excluding Business

Please complete the following checklist. Provide all the required documentation along with your application.

- Provide proof of status for yourself or your child
- Provide a copy of registration information for professional development or training courses
- Provide a quote or other proof showing the purchase cost of books or educational equipment
- Provide proof that you are not covered for the medication or medical treatment that you are requesting financial support for
- Provide quotes for medications or medical treatments that you have not paid for and are Requesting funding support for
- Consent form is signed and dated