

# CONTINUING STUDENT APPLICATION FORM

Complete this form if MFN Education provided funding in the previous academic year.

## REQUIRED DOCUMENTATION TO ACCOMPANY APPLICATION

If your banking info has changed, attach a copy of a Void Cheque and/or Bank Form

Copy of transcripts (if not already provided from last semester)

Please fill out the form below digitally & email it to [postsecondarystudents@mississauga.com](mailto:postsecondarystudents@mississauga.com) or print, fill, and mail to the Education Department:

Mississauga First Nation Education Dept.  
PO Box 1299  
Blind River, ON P0R 1B0

If this form is not entirely completed, or documentation is missing, it will be returned for further information prior to review by Education Committee.

Do not hesitate to contact us via email or by phone at 705-356-1621 at:

Post-Secondary Administrator Ext. 2302  
Education Director Ext. 2301



**Continuing Student Application for Education Assistance**  
**Mississauga First Nation Education Department**  
**Post-Secondary Program**

P.O. Box 1299  
 Blind River, ON P0R 1B0  
 Tel: 705-356-1621 • Fax: 705-356-1867

**PERSONAL INFORMATION**

Surname		Given Name(s)		Phone Number													
Email Address		Registry Number				Date of Birth <sup>1</sup>											
										Y	Y	Y	Y	M	M	D	D
Street Address		City & Province				Postal/ZIP Code											
Mailing Address <sup>2</sup>		City & Province				Postal/ZIP Code											
Address While at School <sup>2</sup>		City & Province				Postal/ZIP Code											
Gender	Special Accommodations Required				Residence	Marital Status											
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____					<input type="checkbox"/> Off <input type="checkbox"/> On <input type="checkbox"/> TBD	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-Law											
Emergency Contact Name		Contact's Phone Number		# of Dependents under 18													

<sup>1</sup> YYYYMMDD

<sup>2</sup> If different from street address

## EDUCATIONAL FUNDING REQUEST INFORMATION

Program	Institution	Location
Category	Attendance	Intended Enrollment
<input type="checkbox"/> Level I College <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Level II University <input type="checkbox"/> Level III Professional Degree <input type="checkbox"/> Level IV Master's Degree <input type="checkbox"/> Level V Doctorate (PhD)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time ____ Length of Program ____ Current Year of Study	<input type="checkbox"/> Fall (Sept – Dec) <input type="checkbox"/> Winter (Jan – Apr) <input type="checkbox"/> Spring/Summer (May – Aug)
<b>Tuition Estimate<sup>3</sup></b> During your research on your chosen institution, please find an estimated living expenses document in the financial assistance part of the website. Provide an estimation of tuition & ancillary fees for your program.		Tuition:
		Fees:

<b>Residence Fees (<i>if applicable</i>)</b> If you intend upon residing in a residence, please find an estimate of the cost and term of rental (e.g. full year, per semester or per month). It may be mandatory to also purchase a meal plan. MFN only funds residence fees as part of the overall living allowance maximums—excess fees may be at student's personal cost.	Residence:	
	Paid every	
	Meal Plan:	
Name of Residence	Address of Residence	
Residence Contact	Contact Phone #	

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<sup>3</sup> Students attending a private or foreign post-secondary institution shall be provided assistance at the same rate charged by a comparable Canadian institution, to a **maximum of \$10,000 CAD/year**.



## Release of Information Form

Surname	Given Name(s)	Student Number

I acknowledge that information related to my academic progress may be requested by my program sponsor and hereby authorize the **Registrar's Office** of \_\_\_\_\_ to release this information to the Mississauga First Nation Post-Secondary Administrator and/or Education Director when requested. This release of information authorizes access from \_\_\_\_\_ (YYYY-MM-DD) to \_\_\_\_\_ (YYYY-MM-DD).

### CONSENT TO RELEASE INFORMATION TO THIRD PARTIES

I provide my consent as may be required to allow the Mississauga First Nation Education Department to release information and provide copies of documentation to educational and employment and training institution(s) and Federal and Provincial Governments/Agencies. This consent is intended to allow the Mississauga First Nation Education Department to provide information so that my eligibility for other assistance (including employment) may be determined and to confirm any assistance received through the Mississauga First Nation Post-Secondary Program.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**



## Student Responsibility and Accountability Agreement

I, \_\_\_\_\_, as a Post-Secondary student sponsored by the Mississauga First Nation Post-Secondary Program, do hereby agree to the following:

- I will ensure that at all times I am enrolled in sufficient courses to be considered a full/part-time student at the post-secondary institution I am attending and will satisfy the academic requirements specified by my institution.
- That if I withdraw or change from a course or from any program of study, without authorization from the Mississauga First Nation Education Department, I understand and accept that my funding may be suspended, or terminated.
- That I will be required to pay back any monies which I received or any monies paid on my behalf while not in school and failure to pay back any monies owing will result in no further sponsorship from the Mississauga Education Post-Secondary Program.
- I will be diligent in my studies by attending classes on a regular basis and completing all assignments and other course requirements as required by each course of study.
- I will contact the Post-Secondary Administrator when I encounter academic and/or social difficulties that adversely affect my academic performance.
- I understand that the Mississauga First Nation Education Department reserves the right to suspend and/or terminate educational assistance if I demonstrate a lack of ability or willingness to meet my academic and reporting responsibilities.
- I understand that if I refuse to abide by this agreement, the Mississauga First Nation Education Department reserves the right to terminate sponsorship.
- I will communicate by the 15th of each month with the Post-Secondary Administrator.
- I will submit official transcripts for each semester to the Post-Secondary Administrator when they become available from my post-secondary institute.
- I will report other income such as Employment Insurance, Family Benefits/Social Assistance, etc. when applying for education assistance.

☐ I have read and understand the *Mississauga First Nation Post-Secondary Policies and Procedures* and agree to the above conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AFFIRMATION

I declare that all of the above information is complete, true, and accurate, and I agree to inform the Mississauga First Nation Post-Secondary Education Department of any changes which may affect my eligibility for funding.

I declare that I have read, understood, and agree to comply with all definitions, rules, and guidelines listed in the **Mississauga Post-Secondary Policies and Procedures** and this application.

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**Student Signature**

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**Date**