

CONTINUING STUDENT APPLICATION FORM

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

REQUIRED DOCUMENTATION TO ACCOMPANY APPLICATION

	Attach a copy of a Void Cheque and/or Bank Form (if your banking info has changed)
	Copy of Secondary/Post-secondary Transcripts (if not already provided from last semester)

Please fill out the form below and email to marlene@mississaugi.com or print, fill, and fax to 705-356-1867.

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 705-356-3197 at:

Marlene Bruneau, Post-Secondary Counsellor ext. 2302

Theresa McCallum, Administrative Assistant ext. 2300

Debbie Mayer, Education Director ext. 2301



Continuing Student Application for Education Assistance
Mississauga First Nation Education Department
 Post-secondary Program
 P.O. Box 1299
 Blind River, Ontario
 P0R 1B0
 Tel: 705-356-3197 Fax: 705-356-1867

PERSONAL INFORMATION

Surname	Given Name	Phone No.	Cell Phone
Registry Number 20000	Birthdate (DD/MM/YY)	Application Date (DD/MM/YY)	
Street Address	City & Province	Postal Code	Phone Number
Mailing Address	City & Province	Postal Code	Cell Number
Address While at School	City & Province	Postal Code	Phone Number
I identify my gender as: Woman <input type="checkbox"/> Man <input type="checkbox"/> <input type="checkbox"/> _____	# of Dependents _____	Residence Off <input type="checkbox"/> On <input type="checkbox"/>	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-Law
Do you require special accommodations? _____			
Emergency Contact Person & Phone number:		Applicants E-mail address:	

EDUCATIONAL FUNDING REQUEST INFORMATION

Program	Institution	Location
Category <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 Degree <input type="checkbox"/> Level V Doctorate (Ph.D.)		Attendance <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time ___ Length of Program ___ Current Year of Study
		Intended Enrollment <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer
Tuition Estimate 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 \$ _____
Residence Fees 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). Is it necessary to purchase a meal plan as part of a residence agreement? MFN only funds residence fees as part of the overall living allowance maximums, residence cost and/or meal plans may be at students' personal cost.		Residence \$ _____ per _____ Meal plan cost \$ _____
Name of Residence	Address of Residence	Contact & Phone



Release of Information Form

Surname	Given Name	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 EDUCATION DIRECTOR/POST-SECONDARY EDUCATION COUNSELLOR** when requested. This release of information authorizes access from _____ (DD/MM/YY) to _____ (DD/MM/YY).

CONSENT TO RELEASE INFORMATION TO THIRD PARTIES

I, _____ provide my consent as maybe required to allow the Mississauga First Nation Education Department to release information and provide copies of documentation to educational and employment and training institutions(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) maybe 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 Education Department Post-secondary Program do hereby agree to the following:

- To ensure that at all times I am enrolled in sufficient courses to be considered full/part time student at the institution I am attending and will satisfy the academic requirements specified by the institution.
- Supply the Post-Secondary Counsellor with my Student Portal information.
- That if I withdraw or change from a course or from any program of study without the authorization from the Mississauga First Nation Education Department, I understand and accept that my funding maybe suspended or terminated. Further that I will be required to pay back any monies which I received or any monies paid on my behalf while not in school. Failure to pay back any monies owing will result in no further sponsorship from the Mississauga Education Post-secondary Program.
- To 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
- To contact the Mississauga First Nation Education Department when I encounter academic and/or social difficulties that is adversely affecting my academic performance.
- 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 unwillingness to meet the academic and financial responsibilities.
- That if I refuse to abide by this agreement the Mississauga First Nation Education Department reserves the right to terminate sponsorship.
- That I will communicate by the 15th of each month with the Mississauga First Nation Education Counselor.
- That I will submit official transcripts for each semester to the Mississauga First Nation Education Counselor when they become available from the College or University.
- I will report other income such as Employment Insurance, Family Benefits/Social Assistance when applying for education assistance.

I have read the Mississauga First Nation Education Post-secondary Program policy and further agree and understand the above conditions.

Signature of Student

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 also declare that I have read, understood, and agree to comply with all definitions, rules and guidelines listed in the Mississauga Post-secondary Education Policies and this application

Student Signature

Date