

NEW STUDENT APPLICATION FORM

Complete this form if you are a new or previously denied applicant.

REQUIRED DOCUMENTATION TO ACCOMPANY APPLICATION

Copy of your Status Card

Copy of Secondary/Post-Secondary transcripts

Confirmation of Acceptance*

Please fill out the form below and email to postsecondarystudents@mississauga.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:

	Administrative Assistant	Ext. 2300
Denise Payette	Post-Secondary Administrator	Ext. 2302
Debbie Mayer	Education Director	Ext. 2301

* Confirmation that **you**—as the student—have accepted the offer of admission from your chosen educational institution. This may come in the form of a confirmation email from an application centre, a letter from the institution outlining your enrolment procedures, or similar confirmation. A copy of your offer of acceptance letter is not required.



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

¹ YYYYMMDD

² 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 <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer
Tuition & Fees Estimate³		Tuition:
Find & use an estimated expenses document in the financial assistance part of your chosen institution's website.		Fees:

Residence Fees (if applicable) If you intend upon living in residence, please find an estimate of the cost and term (e.g. full year, per semester or per month). It may be necessary 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 #	

Most Recent Full-Time Post-Secondary Program (if applicable)

Program	Institution	Date attended
Did you receive funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you did, where?		

³ Students attending a foreign or private post-secondary institution shall be provided assistance at the same rate charged by a comparable Canadian institution for the same or similar program.

PERSONAL EDUCATION PLAN

Educational history—What courses have you excelled in?

What are your future career goals?

Educational readiness—Are there major prerequisites that you have struggled in?

Skills & experience (e.g. What jobs have you held?)

Personal biography—Family background (*optional*)

Other comments or suggestions



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 Education Director/Postsecondary Education Administrator** 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 full/part time student at the institution I am attending and will satisfy the academic requirements specified by the 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. 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.
- 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 Mississauga First Nation Education Department 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 financial 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 the College or University.
- 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 also 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.

Student Signature

Date