

## **NEW STUDENT APPLICATION FORM**

Please complete this form if you are graduating from secondary school this year and/or are a new or previously denied applicant.

### **REQUIRED DOCUMENTATION TO ACCOMPANY APPLICATION**

	Copy of your Status Card
	Attach a copy of a Void Cheque and/or Bank Form
	Confirmation of Acceptance*
	Copy of Secondary/Post-secondary Transcripts

Please fill out the form below and email to [marlene@mississaugi.com](mailto: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

\* The Education Department wants confirmation that you as the student have accepted the offer of admission to the educational institution. This may come in the form of a confirmation email from an application centre, a letter from the institution outlining your enrollment procedures or other 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**

<b>Surname</b>	<b>Given Name</b>	<b>Phone No.</b>	<b>Cell Phone</b>
<b>Registry Number</b> 20000	<b>Birthdate (DD/MM/YY)</b>	<b>Application Date (DD/MM/YY)</b>	
<b>Street Address</b>	<b>City &amp; Province</b>	<b>Postal Code</b>	<b>Phone Number</b>
<b>Mailing Address</b>	<b>City &amp; Province</b>	<b>Postal Code</b>	<b>Cell Number</b>
<b>Address While at School</b>	<b>City &amp; Province</b>	<b>Postal Code</b>	<b>Phone Number</b>
<b>I identify my gender as:</b> Woman <input type="checkbox"/> Man <input type="checkbox"/> <input type="checkbox"/> _____	<b># of Dependents</b> _____	<b>Residence</b> Off <input type="checkbox"/> On <input type="checkbox"/>	<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-Law
<b>Do you require special accommodations?</b> _____			
<b>Emergency Contact Person &amp; Phone number:</b>		<b>Applicants E-mail address:</b>	
<b>Most Recent Full Time Post-secondary program</b>  Institution _____ Program _____	<b>Dates Attended</b> From _____ To _____	<b>Did you secure funding? If so, where:</b> _____	<b>Did you complete the program?</b> _____

## EDUCATIONAL FUNDING REQUEST INFORMATION

<b>Program</b>	<b>Institution</b>	<b>Location</b>	
<b>Category</b>		<b>Attendance</b>	<b>Intended Enrollment</b>
<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.)		<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
<b>Tuition Estimate</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</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). 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 \$ _____
<b>Name of Residence</b>	<b>Address of Residence</b>	<b>Contact &amp; Phone</b>	

## PERSONAL EDUCATIONAL PLAN

**1. Educational History (What course(s) have you excelled in when attending Secondary School?)**

**2. What are your future career goals?**

**3. Education Readiness & Maintenance (Do you feel prepared to attend post-secondary? What additional assistance do you feel you may need?)**

**4. Skills & Experience (What job(s) have you held?)**

**4. Volunteer History (What skills have you acquired?)**

**5. Interest & Hobbies**

**6. Personal Biography (Family Background & Family Connections to Mississauga First Nation)  
(Optional Information)**

**7. Please outline any other services besides funding that may be useful in helping you succeed at achieving post-secondary educational goals?**

**8. Other comments or suggestions**



## **Release of Information Form**

<b>Surname</b>	<b>Given Name</b>	<b>Student Number</b>

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 15<sup>th</sup> 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**