



## MICHIPICOTEN FIRST NATION

Box 1, Site 8, R.R.#1

Wawa, Ontario POS 1K0

Telephone: (705) 856-1993 Ext 221 Toll Free: 1-888-303-7723 Fax: (705) 856-1642

Email: [wpeterson@michipicoten.com](mailto:wpeterson@michipicoten.com)

From: Michipicoten First Nation Education Department

Re: Application Package & Information

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If you plan to enroll or re-enroll in a program of studies full-time or part-time (whether in your present program or any other program), please complete the enclosed application package and sign where applicable. Ensure you have filled out all requested information otherwise it will be returned as incomplete and may delay your progress. Applications received will be reviewed, processed, and approved according to the following student priority categories and other guidelines outlined through the Kinoomaadziwin Education Body (KEB). Michipicoten first Nation Post-Secondary Operating guidelines do not supersede the Ministry of Education (Ontario) guidelines.

1. Continuing Post-Secondary Students
2. High School Graduates
3. Deferred Students
4. New Applicants
5. Re-enrolments
6. Second program at any level; after 5 years of graduation from first program

Applications received after the deadline dates will be held until it can be determined if funds are available after processing the above first batch of applicants. If funds are not available, late applications will be placed on our deferred waiting list. When an application is approved, rejected or deferred, the applicants will be informed in writing of the support approved or the reasons for rejecting or deferring the application.

Please be prepared to submit the following either in original form or copy;

1. **Proof of status and member of Michipicoten First Nation (photocopy both sides)**
2. **Photocopy of dependent (s) birth certificate (s)**
3. **Copy of transcripts from previous studies, preferably most current**
4. **Letter of acceptance/ offer of admission from post-secondary institute**

Other requirements include a signed Authorization/ Consent to Release Academic Information form, which will be sent to you once accepted and approved by both the Post-Secondary Institution and Michipicoten First Nation Education Department. This form needs to be signed and on file prior to funding being released.

Please be advised that any current and future funding is contingent on receipt or requested documentation, progress reports and funding availability of the Post-Secondary Student Support Program.



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## APPLICATION FOR POST SECONDARY STUDENT SUPPORT PROGRAM- (Confidential When Completed)

### STUDENT IDENTIFIER- PART 1

New High School Student  Continuing Student  Adult Re-enrolment  Priority  From UCEP

\*Michipicoten First Nation Band Number: **225** Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### BASIC STUDENT INFORMATION

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/ Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Sex: M  F

No. of Dependents: \_\_\_\_\_ On- Reserve: \_\_\_\_\_ Off- Reserve: \_\_\_\_\_ Crown Land: \_\_\_\_\_

Canadian Resident: Yes  No

Previous Units Sponsored: UCEP  Level I (College)  Level II (University)  Level III (University)

Allowance Category: \_\_\_\_\_ Administering Organization: Michipicoten First Nation- PSSSP

### EDUCATION PLAN- PLEASE COMPLETE ALL SECTIONS

Attendance: P/T \_\_\_\_\_ F/T \_\_\_\_\_ Community College \_\_\_\_\_ Univ. Diploma \_\_\_\_\_ B.A. \_\_\_\_\_ M.A. \_\_\_\_\_ Ph. D. \_\_\_\_\_

Institution & Location: \_\_\_\_\_

Length (Yrs) of Program \_\_\_\_\_ Yr of Program \_\_\_\_\_ Tentative Graduation Date \_\_\_\_\_

Institutional Acceptance Letter attached: Yes \_\_\_\_\_ No \_\_\_\_\_ Continued \_\_\_\_\_ Conditional \_\_\_\_\_

Training dates: From \_\_\_\_\_ to \_\_\_\_\_

**\*ALL STUDENTS ARE REQUIRED TO SUBMIT OFFICIAL TRANSCRIPTS OF LAST INSTITUTION ATTENDED\***

### ESTIMATED COSTS

Current Fiscal Year: \_\_\_\_\_ Y: \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ to \_\_\_\_\_ Y: \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

Tuition: \_\_\_\_\_

Books & Supplies: \_\_\_\_\_

Reg/ High Living Allowance: \_\_\_\_\_

Seasonal Travel: \_\_\_\_\_

Academic Studies Scholarship: \_\_\_\_\_

Strategic Studies Scholarship: \_\_\_\_\_

Level 3 Incentive: \_\_\_\_\_

Total Support Costs: \_\_\_\_\_

Student Months: \_\_\_\_\_

**I HAVE READ AND AGREE TO THE CONDITIONS FOR THIS FINANCIAL ASSISTANCE AND ANY OTHER REQUIREMENTS THAT MAY BE REQUESTED.**

\_\_\_\_\_  
SIGNATURE OF APPLYING STUDENT

\_\_\_\_\_  
DATE OF APPLICATION

COUNSELLOR COMMENTS

Recommend \_\_\_\_\_ Not Recommended \_\_\_\_\_ Funding Dependent \_\_\_\_\_

Administered By: ISC \_\_\_\_\_ Locally \_\_\_\_\_

AUTHORIZING OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_ **2**



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### PART 2

Proof of status: Please submit copy of status card with this application package

### ALLOWANCE CATEGORY

- S1 single student but living with parents
- S2 single student
- S3 single parent, number of dependents: \_\_\_\_\_  
\*Verification required: copies of birth certificates and status card- both sides.
- M1 married student with employed spouse
- M2 married with dependent spouse- a retired spouse is not considered dependent

Administering Organization: MICHIPICOTEN FIRST NATION POST SECONDARY STUDENT SUPPORT PROGRAM

If previously sponsored please provide number of months/ years supported; including dates:

College Entrance  Level I (College)  Level II (University)  Level III (University)

Last institution attended & Location: \_\_\_\_\_

**I HAVE READ AND AGREE TO THE CONDITIONS FOR THIS FINANCIAL ASSISTANCE AND ANY OTHER REQUIREMENTS THAT MAY BE REQUESTED.**

\_\_\_\_\_  
SIGNATURE OF APPLYING STUDENT

\_\_\_\_\_  
DATE OF APPLICATION

COUNSELLOR COMMENTS

Recommend \_\_\_\_\_ Not Recommended \_\_\_\_\_ Funding Dependent \_\_\_\_\_

Administered By: ISC \_\_\_\_\_ Locally \_\_\_\_\_

AUTHORIZING OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_ **3**



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## NEW STUDENTS EDUCATION PLAN AND CURRENT STUDENTS UPDATE

**BASIC STUDENT INFORMATION** (It is your responsibility that your address and telephone number is always current.)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/ Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

### EDUCATION PLAN

Michipicoten First Nation Band Number: **225** \_\_\_\_\_

Name of University or College you wish to attend or attending: \_\_\_\_\_

Location of College or University: \_\_\_\_\_

Name of Course/ Program: \_\_\_\_\_

\*College or University Student Number: \_\_\_\_\_

Are you applying as Full-time  or Part-time

For College Diploma: \_\_\_\_\_ University: BA  M.A  Ph.D

### **PLEASE INDICATE**

Length (Yrs) of Program: \_\_\_\_\_ Current year of study:  1<sup>st</sup> yr  2<sup>nd</sup> yr  3<sup>rd</sup> yr  4<sup>th</sup> yr

Are you planning to attend school in the spring and/or summer semesters:  Yes  No  
(Verification is required from the institution that course taken is considered as full-time for monthly sponsorship to apply.)

Are you planning to continue for the Fall/Winter semesters starting in September, if so please complete and send in continuing form!

Expected graduation date: \_\_\_\_\_

**Graduating students are reminded that they must send copies of their achieved certificates in their respective programs completed for office student file.**

\_\_\_\_\_  
SIGNATURE OF APPLYING STUDENT

\_\_\_\_\_  
DATE

COUNSELLOR COMMENTS

Recommend \_\_\_\_\_ Not Recommended \_\_\_\_\_ Funding Dependent \_\_\_\_\_

Administered By: ISC \_\_\_\_\_ Locally \_\_\_\_\_

AUTHORIZING OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_ **4**



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## CLAIM FOR DEPENDENTS ALLOWANCE

NAME: \_\_\_\_\_ MEMBERSHIP NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NEXT OF KIN (In case of emergency; contact person): \_\_\_\_\_

MARITAL STATUS: SINGLE STUDENT: \_\_\_\_\_

SINGLE PARENT: \_\_\_\_\_

MARRIED: \_\_\_\_\_

NO OF DEPENDENTS (Excluding spouse)

DEPENDENTS OVER THE AGE OF 18 MUST BE ATTENDING SCHOOL TO BE CONSIDERED AS DEPENDENTS

NAME	DATE OF BIRTH	MEMBERSHIP NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE MICHIPICOTEN FIRST NATION EDUCATION OFFICE OF ANY CHANGES WITH REGARD TO ALL ASPECTS OF MY SPONSORSHIP ACCORDING TO THE INFORMATION THAT I HAVE PROVIDED. ANY MISREPRESENTATION OR FAILURE TO COMPLY MAY RESULT IN TERMINATION OF MY SPONSORSHIP.

\_\_\_\_\_  
SIGNATURE OF APPLYING STUDENT DATE

COUNSELLOR COMMENTS  
Recommend \_\_\_\_\_ Not Recommended \_\_\_\_\_ Funding Dependent \_\_\_\_\_  
Administered By: ISC \_\_\_\_\_ Locally \_\_\_\_\_

AUTHORIZING OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_ 5



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## CONTINUING STUDENTS ONLY- APPLICATION FORM \*STUDENTS ARE REQUIRED TO SUBMIT OFFICIAL TRANSCRIPTS\*

REQUIRED FOR PROCESSING: Michipicoten First Nation Band Number: 225

Administering Organization: Michipicoten First Nation- PSSSP EDUCATION PROGRAM

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate/ Emergency Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

### Allowance Category:

- S1 single student but living with parents
- S2 single student
- S3 single parent, number of dependents: \_\_\_\_\_  
\*Verification required: copies of birth certificates and status card- both sides.
- M1 married student with employed spouse
- M2 married with dependent spouse- a retired spouse is not considered dependent

Student Number: \_\_\_\_\_ \*Required for second year funding verification\*

Full- time Continuing Student  (full course load) or Part-time Continuing Student  (two or less courses)

Spring/ Summer Session  (has to be deemed as full-time by Institution/ written confirmation required by Department Director)

Level I  (College)      Level II  (University)      Level III  (University MA/PH.D)

Program/ Course continuing in: \_\_\_\_\_

Will you be moving on to a new College/ University Course or Program:  Yes  No

Community College Diploma  University Diploma  B.A.  M.A.  Ph. D

Institution & Location: \_\_\_\_\_

Length (Yrs) of Program: \_\_\_\_\_ Current Yr of Study  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

Training Dates: From \_\_\_\_\_ to \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

I HAVE READ AND AGREE TO THE CONDITIONS FOR THIS FINANCIAL ASSISTANCE AND ANY OTHER REQUIREMENTS THAT MAY BE REQUESTED.

\_\_\_\_\_  
SIGNATURE OF APPLYING STUDENT

\_\_\_\_\_  
DATE

COUNSELLOR COMMENTS

Recommend \_\_\_\_\_ Not Recommended \_\_\_\_\_ Funding Dependent \_\_\_\_\_

Administered By: ISC \_\_\_\_\_ Locally \_\_\_\_\_

AUTHORIZING OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_ **6**