



Post-Secondary Student Support Program Continuing Student Application

This application is for continuing students in the same level (I, II, III, IV), same program of study and same post-secondary institution stated on the original application.

New Students and Students returning to their studies after a break:

The following students are not considered continuing students and must complete the standard *Application Package for New Students*. Contact the Education Department to obtain a copy.

- If you are applying for the first time to this program
- Have graduated and are moving up to the next level (BA to Masters, for example)
- Were previously sponsored and took a break for your studies, or
- Are wanting to switch to a new post-secondary institution or program of study

Application deadlines apply for all students and programs:

Semester/Term/Session	Application Deadline for Submission to MFN
Fall (September)	June 1 st
Winter (January)	November 1 st
Spring/Summer (May/July)	March 1 st
Other Start Dates	60 days prior to start date

All applications are reviewed, processed, and approved according to the following priority:

1. Continuing Post-Secondary Students
2. Deferred Applications on the Waiting List
3. New Secondary School Graduates just beginning post-secondary education
4. Other applicants and mature students never previously funded through the Michipicoten PSSS program
5. Graduates returning after a break of one (1) year or more, same program, next level (BA to MA for example)
6. Graduates returning to pursue a different program of study (minimum five (5) years wait required)
7. Students attending an institution outside of Canada and Private Institutions
8. Discontinued Sponsorship reapplicants (after two (2) years)

Applications received **after** deadline dates are held until the Education Department completes approvals for those received on or before the deadline. After all initial applications are review, and if funding is still available, late applications received up to a week (7 days) after the deadline will be reviewed. All others will be informed and placed on a deferred waiting list for the next deadline/semester.

The following documents are required to complete this application:

- Completed and signed Post-Secondary Continuing Student Application
- Copy of Dependent birth certificate and RC66 Canada Child Tax Benefit Form (if applicable)
- Copy of most recent transcripts/grade report from last attended educational institution
- Letter of acceptance or offer of admission from the post- secondary institute you will attend
- Signed Applicant Attestation on last page of this document

Please ensure all required documents are submitted to avoid delays processing this application



Michipicoten Post-Secondary Student Support Program Continuing Student Application

Application Date:
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Section 1.1 – Continuing Student Information

Email			
Last Name			
First Name			Init/Middle <input type="text"/>
Birth Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y M M D D	Status Card# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Permanent Address			Voice# 1 <input type="text"/>
			Voice# 2 <input type="text"/>
			Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Next of Kin			Voice# <input type="text"/>
Marital Status	<input type="checkbox"/> Single, living at home <input type="checkbox"/> Single, independent <input type="checkbox"/> Married/Common law <input type="checkbox"/> Divorced/Separated/Widowed Name of Spouse _____		Spouse is <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed

Section 1.2 – Dependent Claim

Do you have dependents living full time with you and that you are financially responsible for? If so please list them below?			<input type="checkbox"/> Birth Certificates attached? <input type="checkbox"/> RC66 Canada Child Tax Benefit Form attached?
Name	Birth Date (yyyy/mm/dd)	Relationship	Status Card#
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>



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Section 2 – Continuing Program Information

Institution Name (include the address and campus)			Contact for Academic Advisor (Name and Voice#, or email)																
			Contact for Registration Services (Name and Voice#, or email)																
Student Id#																			
Level of Education (check one box)	<input type="checkbox"/> University/College Entrance	Method of Delivery (check one box)	<input type="checkbox"/> Classroom																
	<input type="checkbox"/> Diploma		<input type="checkbox"/> Distance Education																
	<input type="checkbox"/> Certificate		<input type="checkbox"/> Virtual (Internet)																
	<input type="checkbox"/> Undergraduate (BA) Degree		<input type="checkbox"/> Blended Classroom/Distance																
	<input type="checkbox"/> Master's (MA) Degree		<input type="checkbox"/> Blended Classroom/Virtual																
	<input type="checkbox"/> Doctorate (PhD) Degree																		
Program Continuing In																			
Current Year of Study	Length of Program	Year(s) of Sponsorship Requested	Expected Graduation Date																
Attendance	<input type="checkbox"/> Full-time Continuing Student		<table border="0"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y	Y	Y	Y	M	M	D	D
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	Y	Y		Y	Y	M	M	D	D										
<input type="checkbox"/> Part-time Continuing Student																			
<input type="checkbox"/> Accelerated/Fast Tracking																			

Section 3 – Continuing Program Dates

Academic Year for this continuing application	2024/2025	Note: Only one academic year can be specified. A separate application is needed for each year and spring/summer courses																																
Semesters student has enrolled in (check all that apply but only those in the academic year covered by this application)	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer (Spring and Summer are considered part-time unless supported by a letter from the Dean or Registrar confirming full-time enrollment)	Specify the Start and End Dates for training in the Academic Year for this continuing application Program Start Date: <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> Program End Date: <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y	Y	Y	Y	M	M	D	D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y	Y	Y	Y	M	M	D	D
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Check List before Submitting

- Completed Continuing Student Application (recheck all applicable sections are complete)
- Completed and signed Continuing Student Attestation (below)
- Birth Certificates and RC66 Child Tax Benefit Form (if you are claiming Dependents)
- Official Transcripts from last semester completed

Email applications to: Education Coordinator (educationcoordinator@michipicoten.com)

Only if you are unable to email your application:

Mail to: Education Department, 107 Hiawatha Drive, PO Box 1, Site 8, RR1, Wawa, Ontario P0 1K0

Fax to: 705-856-1642, Education Department

Continuing Student Attestation

I certify that the information provided in this application is complete and correct and is given to confirm that I qualify for educational financial assistance through Michipicoten First Nation.

I authorize Michipicoten First Nation to disclose any information in this application to such source or any such reporting agency when reviewing information I have attested to.

Signature of Continuing Applicant

Date

The information provided in this document is for the purpose of researching and administering post secondary student support funding. Personal information is protected under the provisions of the Privacy Act

The following fields are to be completed by the Michipicoten First Nation Education Department

Reviewed by:		Date:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>									Y	Y	Y	Y	M	M	D	D
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Approved: Approved by:	Yes / No	Date:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>									Y	Y	Y	Y	M	M	D	D
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