



Post-Secondary Student Support Program Application Package for New Students and Programs

This application is for new students to the Michipicoten First Nation Post-Secondary Student Support Program, graduates that are moving up to the next level (BA to Masters for example), and students previously sponsored who took a break from their studies, and students who are switching to a new post-secondary institution or program of study. It is used for both full and part-time students.

Continuing Students reading this document:

Full and part-time students continuing in the same level (I, II, III, IV), same program of study and same post-secondary institution stated on the original application, and who did not take a break from their studies, please complete the *Continuing Student Application*. Contact the Education Department to obtain a copy.

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

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 the application package:

- Completed and signed Post-Secondary application
- Copy of student's Status Card, front and back
- 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 pos- 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 FIRST NATION

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Application Date:
 Y Y Y Y M M D D

Section 1.1 – Student Information

Email			
Last Name			
First Name			Init/Middle
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
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
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"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Copy Attached?	SIN# <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
			Voice# 2
			Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address While at School			
			Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Next of Kin			Voice#
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		Spouse is
	Name of Spouse _____		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
Are you a high school graduate?	Yes / No	If yes, what year did you graduate?	

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"/> <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"/> <input type="text"/>



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Section 2 – Previous Education and Training

Have you received funding from Michipicoten First Nation Post-Secondary Student Support Program before? **Yes / No**
 If yes, what was the Last Year you received funding? _____ How long did you receive it? _____
 Did you graduate? **Yes / No (If not, explain)** _____

Level	Name	☑ Completed (State Year)	Certificate, Diploma, Degree Received
High School		<input type="checkbox"/>	
College		<input type="checkbox"/>	
Private		<input type="checkbox"/>	
University		<input type="checkbox"/>	
Other (Specify)		<input type="checkbox"/>	

Section 3 – 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 Name																			
Current Year of Study _____	Length of Program _____	Year(s) of Sponsorship Requested _____	Expected Graduation Date																
Attendance	<input type="checkbox"/> Full-time		<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td> </tr> </table>									Y	Y	Y	Y	M	M	D	D
	Y	Y		Y	Y	M	M	D	D										
<input type="checkbox"/> Part-time																			
<input type="checkbox"/> Accelerated/Fast Tracking																			



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Section 4 – Program Dates

Academic Year for this application	2024/2025	Note: Only one academic year can be specified. A separate application is needed for each year and spring/summer courses
Semesters a 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 application Program Start 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 Program End 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
Acceptance Letter attached? Yes / No		

Section 5.1 – Education Plan – Selecting a Program of Study

Why have you chosen this program of study?
What research was completed to make this choice?
List 3 career options available to you with this program of study and which is the path you are currently planning to take?



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Do you plan on continuing your education beyond this program? If so, please describe your long-term education goals?

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What have you done, if anything, to research other non-contingent funding before applying to this program for funding?

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Section 5.2 – Education Plan – Selecting a Post-Secondary Institution

This information is gathered to help the Michipicoten First Nation Post-Secondary Student Support Program understand what factors contribute to decisions students make. It is not for the purpose of acceptance or elimination from this program

Please show tuition cost comparisons for up to 3 post-secondary institutions for which you applied to or received acceptance letters from? For each, show total tuition and fees and explain why you did or didn't choose the school

Chosen School	
Second Choice	
Third Choice	
Was the cost of tuition a factor in your final choice?	Yes / No
Was location a factor in your final choice?	Yes / No



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Section 5.3 – Education Plan – Semesters and Courses

Year 1

Semester 1		Semester 2	
Course	Credit Hours	Course	Credit Hours

Year 2

Semester 1		Semester 2	
Course	Credit Hours	Course	Credit Hours

Year 3

Semester 1		Semester 2	
Course	Credit Hours	Course	Credit Hours

Year 4

Semester 1		Semester 2	
Course	Credit Hours	Course	Credit Hours

Section 5.4 – Education Plan - Sponsorship Costs

Estimated Tuition per year:	\$		x # years	= \$
Residence Fees/Meal Plan per year:	\$		x # years	= \$
<i>The following fields are to be completed by the Michipicoten First Nation Education Department</i>				
Book Allowance per semester:	\$	x # semesters	x # years	= \$
Living Allowance per month:	\$	x # months	x # years	= \$
Total Estimated Costs				= \$



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Check List before Submitting

- Completed Application Package (recheck all applicable sections are complete)
- Completed and signed Applicant Attestation (below)
- Copy of Status Card
- Birth Certificates and RC66 Child Tax Benefit Form (if you are claiming Dependents)
- Acceptance Letter for Program of Study
- Official Transcripts from the last Educational Institution attended

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

Applicant 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 Applicant

Date

Signature of Parent / Legal Guardian
(Required when applicant is under 19 years of age)

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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Y Y Y Y	M M	D D
Approved:	Yes / No	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved by:			Y Y Y Y	M M	D D
Comments:					