



## Post-Secondary Student Support Program 2026-2027 Application 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**. Either obtain a [copy on the MFN website](#), or contact the Education department for a copy.

Application deadlines apply for all students and programs:

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

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 reviewed, 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:          
 Year                      Month                      Day

## 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"/>	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 (Optional) <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			Phone #1: <input type="text"/>
			Phone #2: <input type="text"/>
			Postal Code <input type="text"/> <input type="text"/>
Address While at School			
			Postal Code <input type="text"/> <input type="text"/>
Emergency Contact:			Phone #: <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		Spouse is <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
Name of Spouse _____			
Are you a high school graduate?	<b>Yes / No</b>	If yes, what year did you graduate? <input type="text"/>	

## 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"/>



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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	<input checked="" type="checkbox"/> Completed (State Year)	Certificate, Degree Received	Diploma,
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, Phone # or email)																
			Contact for Registration Services (Name, Phone # 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="width: 100%; text-align: center;"> <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>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
	Y	Y		Y	Y	M	M	D	D										
<input type="checkbox"/> Part-time																			
<input type="checkbox"/> Accelerated/Fast Tracking																			





## Post-Secondary Student Support Program 2026-2027 Application for New Students and Programs

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?	<b>Yes / No</b>
Was location a factor in your final choice?	<b>Yes / No</b>



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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

<b>Estimated Tuition per year:</b>	\$			<b>x # years</b>		<b>= \$</b>
<b>Residence Fees/Meal Plan per year:</b>	\$			<b>x # years</b>		<b>= \$</b>
<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		= \$
<b>Total Estimated Costs</b>						<b>= \$</b>



# Post-Secondary Student Support Program 2026-2027 Application for New Students and Programs

## 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:

Christine Lewis, Culture, Language and Education Coordinator at [clecoordinator@michipicoten.com](mailto:clecoordinator@michipicoten.com)

Only if you are unable to email your application then please:

Mail: Education Department, 107 Hiawatha Drive, PO Box 1, Site 8, RR1, Wawa, Ontario P0S 1K0  
 Phone/Text: 705-914-0415  
 Fax: 705-856-1642, Attention to the 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 by: <b>Yes / No</b>		Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Y Y Y Y	M M	D D