



**MONTREAL LAKE CREE NATION
POST-SECONDARY STUDENT SUPPORT PROGRAM**

P.O Box 90; Montreal Lake, SK; S0J - 1Y0
Phone: (306) 663 - 5100 Fax: (306) 663 - 5499
Toll Free: 1-888-303-0335

Student Declaration of Full-Time Attendance

I declare that I am a full-time student as declared by the institution I am attending and as per SECTION 12.0 OBLIGATIONS OF STUDENTS of the Montreal Lake PSSSP Policy Manual.

Student Name: _____
(print)

Institution: _____
(print)

Program: _____
(print)

Signature: _____

Date Signed: _____

For the Month of _____ of _____

Note: This form must be completed and submitted by the 15th of each month.

Failure to submit this form to the PSSSP office will result in a delay in receiving your monthly student allowance. "Absolutely No Exceptions"

Email: postsecondary@mlcn.ca

Fax: (306) 663-5499

Email: postsecondary@mlcn.ca

Website: www.mlcn.ca