

A. Eligibility Requirements

Student Name			
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Status Number		Student Number	
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Applicant Type:

New	<input type="checkbox"/>	New Applicant or Have completed a Program and applying for a different program
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Continuing	<input type="checkbox"/>	Funded by MLCN Post Secondary (PS) for the previous school year
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Returning	<input type="checkbox"/>	Formally funded by MLCN PS; have taken a break and are returning to same program
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Please provide any additional details to explain the above:

B. Applicant Information

Email (Personal)		Student Email:	
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Birthdate:		Social Insurance Number (SIN)	
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Phone Number		Gender:	
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Permanent Address:	Street Address		
	City; Province; Postal code		

Mailing Address (If Different)	Street Address		
	City; Province; Postal code		

C. Semester

Spring	<input type="checkbox"/>	Spring Term: MAY-JUN	Summer Term: JUL-AUG
Summer	<input type="checkbox"/>	<i>If applying for both Spring & Summer, check both. Funding for Spring/Summer will only be approved if the classes required are not available/offered during regular sessions. *Special conditions may be applied - Contact Post Secondary</i>	
Fall	<input type="checkbox"/>	Fall Term: SEP-DEC	Winter Term: JAN-APR
Winter	<input type="checkbox"/>	<i>If applying for both Fall & Winter, check both. If the program extends beyond the SEP-APR academic year, you do not need to reapply for Spring/Summer. Please list details below.</i>	

All students, including contuing students, must apply on an annual basis. Please provide any additional information below

D. Program Information

Certificate		Post Secondary Institution:	
Diploma		Name of Program:	
Undergrad Degree		Program Location:	
Graduate Degree / Advanced		Length of Program (months/years):	
Doctoral Degree		Year of Study:	

Additional Information:

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Tuition & Fees:		Est. Supplies / Materials	
Est. Books :		Other:	

Additional Costs / Information:

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E. Family Information

Single:			
Married / Common Law			
Secondary Contact:		Relationship:	
Phone Number:		Email:	

F. Dependents

List all your dependents and their birthdates (month, day, year) Please submit required documentation for each dependent (Health Card and CRA Benefit)

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

G. Education Information

Please tell us about your academic progress to date, your areas of study, and/or certificates, diplomas, or degrees you have completed

My Long-term academic and career goals are:

STUDENT CONTRACT

I understand the following conditions apply to my sponsorship by the Montreal Lake Post Secondary Student Support Program for educational studies:

1. I **will accept** the responsibility to adhere to the school regulations and meet the standards required by the school for continuation in my course of studies.
2. I **agree** to attend classes regularly and I will also submit the **Student Declaration of Attendance Form** on a monthly basis and I am aware that failure to do so may result in delay of funding.
3. I **agree** to consult with the counsellor or coordinator if any problems arise academically, emotionally, physically or financially.
4. I **agree** to provide my transcripts at the end of every term to the MLCN Post Secondary
5. I **agree** to report any changes to my program status promptly. I understand that it is a serious matter to provide false information and/or fail to report any changes in the information provided.
6. I **authorize** MLCN Post Secondary to obtain information from persons, agencies, or organizations to determine and/or verify my eligibility for benefits or services under the MLCN PSSSP policies.
7. I **declare** that all the information provided is true and complete and I make solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath.
8. I **understand** that I have the right to appeal any decision made with respect to my application for sponsorship in accordance with MLCN Post Secondary policies.
9. I **understand** that when I leave the PSSSP as a student, any money that I may be in debt will be recovered by future sponsorships by the PSSSP or future employment within the Montreal Lake Cree Nation in way of deductions to my allowance or to my payroll.

PRINT NAME			
SIGNATURE:		Date:	