



MICHIPICOTEN FIRST NATION

Box 1, Site 8, R.R. #1
Wawa, Ontario P0S 1K0
Telephone: (705) 856-1993 Toll Free 1-888-303-7723 Fax: (705) 856-1642
E-mail: lpeterson@mchipicoten.com

CONTINUING STUDENTS APPLICATION FORM
STUDENTS ARE REQUIRED TO SUBMIT OFFICIAL TRANSCRIPTS
(please complete all areas of this form, with the current information for your student file)

REQUIRED FOR PROCESSING: Michipicoten First Nation Band Number: _____

Administering Organization: Michipicoten First Nation - PSSSP EDUCATION PROGRAM

Birth Date: _____

Name: _____ Telephone: (_____) _____

Alternate / Emergency Contact Telephone Number: _____

Address: _____ City/Town _____

Prov: _____ Postal Code: _____ Email: _____

Allowance Category: single student Married with dependent spouse No. of children: _____
 Married with employed spouse No. of children: _____ Single Parent No. of children: _____

**** REQUIRED FOR SECOND YEAR FUNDING VERIFICATION**** Student Number: _____

Full - time Continuing Student (full course load) Part-time Continuing Student P/T (two or less courses)

Spring/Summer Session has to be deemed as full time by Institution / written confirmation required by Department Director

Level I (College) Level II (University) Level III (University)

Program / course continuing in: _____

Will you be moving on to a new College / University Course or Program: YES NO

Community College Diploma _____ Univ. Diploma _____ B.A. _____ M.A. _____ PhD _____

Institution & Location: _____

Length (Yrs) of Program _____ Current Yr of Study 1st 2nd 3rd 4th

Training Dates: From _____ to _____ Expected Graduation Date _____

I HAVE READ AND AGREE TO THE CONDITIONS FOR THIS FINANCIAL ASSISTANCE AND ANY OTHER REQUIREMENTS THAT MAY BE REQUESTED.

SIGNATURE OF CONTINUING APPLICANT

DATE OF APPLICATION