



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

EDUCATION PLAN UPDATE

BASIC STUDENT INFORMATION (It is your responsibility that your address and telephone number is current)

Name: _____

Telephone: _____

Address: _____

City/Town: _____

Prov: _____ Postal Code: _____ Email: _____

EDUCATION PLAN

Michipicoten First Nation Band Number: _____

Name of University or College you are attending: _____

Location of College or University you are attending: _____

What course or program are you taking: _____?

University or College Student Number: _____

Are you: Full - time or Part-time

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

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

Are you planning to attend school in the spring and/or Summer Semesters: Yes No
(Verification required by institution that it is considered as Full Time for living allowance sponsorship to apply)

Are you planning to continue school for September, 2005, if so please complete and submit attached continuing assistance form?

Will you be graduating this spring: Yes No Graduation Date _____

Graduating students are reminded that a copy of certificate, diploma or degree is required for your file.

SIGNATURE OF STUDENT

DATE