

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
Email: lpeterson@michipicoten.com

From: Michipicoten First Nation Education Department

Re: Application Package & Information

If you plan to enroll or re-enroll in a program of studies full-time or part-time (whether in your present program or any other program), please complete the enclosed application package and sign where applicable. **Ensure you have filled out all requested information otherwise it will be returned as incomplete and may delay your process.** Applications received will be reviewed, processed, and approved according to the following student priority categories and other guidelines outlined through Indian and Northern Affairs Canada. Michipicoten First Nation's Post Secondary Operating guidelines do not supersede Indian and Northern Affairs Canada guidelines.

1. Continuing Post Secondary Students
2. High School Graduates
3. Deferred Students
4. New Applicants
5. Re-enrolments
6. Second program at any level, after five years of graduation from first program.

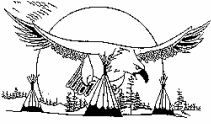
Applications received after deadline dates will be held until it can be determined if funds are available after processing the above first batch of applicants. If funds are not available, late applications will be placed on our deferred waiting list. When an application is approved, rejected or deferred, the applicants will be informed in writing of the support approved or the reasons for rejecting or deferring the application.

Please be prepared to submit the following either in original form or copy;

1. **Proof of status and member of Michipicoten First Nation (photocopy both sides)**
2. **Photocopy of dependent(s) birth certificate(s)**
3. **Copy of transcripts from previous studies, preferably most current**
4. **Letter of acceptance / offer of admission from post secondary institute**

Other requirements include a signed Authorization / Consent to Release Academic Information Form, which will be sent to you once accepted and approved by both the Post Secondary Institution and Michipicoten First Nation Education Department. This form needs to be signed and on file prior to funding being released.

Please be advised that any current and future funding is contingent on receipt of requested documentation, and progress reports and funding availability of the Post Secondary Student Support Program.



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APPLICATION FOR POST SECONDARY STUDENT SUPPORT PROGRAM - (Confidential When Completed) STUDENT IDENTIFIER - PART ONE

New Student - High School Grad Continuing Student Adult Re-enrollment Priority From UCEP
* Michipicoten First Nation Band Number : 225 Birth Date: ____/____/____/

BASIC STUDENT INFORMATION

Surname: _____ Given Name: _____ Telephone: (____) _____
Address: _____ City/Town _____
Prov: _____ Postal Code: _____ Sex: M F
No. of Dependents: _____ On Reserve _____ Off Reserve _____ Crown Land _____
Canadian Resident: Yes No
Previous Units Sponsored: UCEP Level I (College) Level II (University) Level III (University)
Allowance Category: _____ Administering Organization : Michipicoten First Nation - PSSSP

EDUCATION PLAN - PLEASE COMPLETE ALL SECTIONS

Attendance: P/T _____ F/T _____ Community College _____ Univ. Diploma _____ B.A. _____ M.A. _____ Ph.D _____
Institution & Location: _____
Name of Program to be taken: _____
Length(Yrs) of Program _____ Yr of Study _____ Tentative Graduation Date _____
Institutional Acceptance Letter attached: Yes _____ Continued _____ Conditional _____ NO _____
Training Dates: From _____ to _____ (Attending classes from when to when)

ALL STUDENTS ARE REQUIRED TO SUBMIT OFFICIAL TRANSCRIPTS OF LAST INSTITUTION ATTENDED

ESTIMATED COSTS

Current Fiscal Year : Y: M D to Y: M D
Tuition: _____
Books & Supplies: _____
Reg/High Living Allowance: _____
Seasonal Travel: _____
Academic Studies Scholarship: _____
Strategic Studies Scholarship: _____
Level III Incentive: _____
Total Support Costs: _____
Student Months: _____

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

SIGNATURE OF APPLYING STUDENT

DATE OF APPLICATION

COUNSELLOR=S COMMENTS

Recommend _____ Not Recommended: _____ Funding Dependent: _____
Counsellor=s Signature: _____ Date: _____

AUTHORIZATION

Administered by: INAC _____ Locally _____
AUTHORIZING OFFICER: _____ Date: _____



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INDIVIDUAL STUDENT EDUCATIONAL PLAN/GOALS

Date of application: _____

Student Name: _____

Address: _____

Telephone: _____

Last education completed: _____ Year: _____

Present course/program applying for: _____

Length of program(Semesters): _____

What year of study currently in- first year Second year Third Year Fourth year

Institute: _____

Expected graduation date: _____

After graduation from college program do you plan on attending university? Yes No

If yes, at which University? _____

Course/Program: _____

Expected results: Certificate Diploma Degree

Long term goals / desired employment: _____

Additional Comments: _____

SEMESTERS COMPLETED AND GRADUATION TRACKING (PLEASE COMPLETE)

College

Name of College: _____ Program: _____

Address: _____

Length of Program: _____ (Semesters) Credits Completed to date: _____

Expected Graduation Date:(Month/Year) _____

University

Name of University: _____ Program: _____

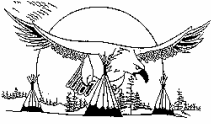
Address: _____

Length of program: _____ (Semesters) Enrolment year: 1 2 3 4

No. of credits to date for this program: _____

No. Required to graduate: _____

Expected Graduation Date: (Month/Year) _____



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APPLICATION FOR CONTINUED SPONSORSHIP STUDENTS ARE REQUIRED TO SUBMIT OFFICIAL TRANSCRIPTS

REQUIRED FOR PROCESSING: Michipicoten First Nation Band Number : _____ Birth Date: ____ / ____ / ____

Full - time Continuing Student (full course load) Part-time Continuing Student (two or less courses)
Spring/Summer Session P/T (two or less courses) Spring/Summer Session Full Time as deemed by Institution / written
confirmation required by Department Director

BASIC STUDENT INFORMATION (It is your responsibility that your address is up to date in your student file)

Surname: _____ Given Name: _____ Telephone: (____) _____
Address: _____ City/Town _____
Prov: _____ Postal Code: _____ Email: _____
Allowance Category: _____ No. of Dependents: _____

EDUCATION PLAN

Previous Units Sponsored: UCEP Level I (College) Level II (University) Level III (University)

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

Administering Organization : Michipicoten First Nation - PSSSP EDUCATION PROGRAM

Community College Diploma _____ Univ. Diploma _____ B.A. _____ M.A. _____ Ph.D _____

Institution & Location: _____

Occupation Field Code _____ Length(Yrs) of Program _____ Yr of Study _____ Graduation Date _____

Institutional Acceptance: Final _____ Continued _____ Conditional _____ Training Dates: From _____ to _____

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

COUNSELLORS COMMENTS

Recommend _____ Not Recommended: _____ Funding Dependent: _____
Counsellor's Signature: _____ Date: _____
Administered by: INAC _____ Locally _____
AUTHORIZING OFFICER: _____ Date: _____