



# Matachewan First Nation

## Post-Secondary Education Office

P.O. Box 160 - MATACHEWAN, ONTARIO P0K 1M0

TEL: (705) 565-2230

FAX: (705) 565-2585

TOLL FREE: 1 866-781-4189

## Application for Post-Secondary Assistance

Please refer to the attached documents: *Definitions, Rules and Guidelines* and the *Post-Secondary Student Assistant Program Handbook* when completing the application. **Applications must be completed in full to qualify for funding. Providing any false information will result in termination of assistance.**

Please print clearly in **BLOCK** letters.

### Student Information

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Band Registration #: \_\_\_\_\_ S.I.N: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Dependents: \_\_\_\_\_  
(Single, Common-Law, Married, etc)

**\*If claiming dependents, documentation will be required for verification purposes.\***

**Complete below if marital status is common-law/married – If single skip to Education Information**

Spouses Name: \_\_\_\_\_

Spouses Employment Status:  Employed (Full)  Employed (Part)  Student  
 Unemployed  Unemployed with Benefits

Is your spouse attending a Post-Secondary Institution?  Yes  No

- If yes, who is the sponsoring agency? \_\_\_\_\_

- If yes, has your spouse claimed dependents?  Yes  No

- If yes, # of claimed dependents: \_\_\_\_\_



Program Start Date for Academic Year: \_\_\_\_\_

(First day of school)

Program End Date for Academic Year: \_\_\_\_\_

(Last day of school)

### ADDRESS WHILE AT SCHOOL

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

### Funding Request

Please select all that you are requesting:

Living Allowance

Tuition

Textbooks

Residence

### DECLARATION

I \_\_\_\_\_, declare that all information provided is complete and accurate and will advise the First Nation of any changes without delay and failure to do so may affect the outcome of my application as well as level of sponsorship. I have read and understand the rules and guidelines for Post-Secondary Assistance and agree to adhere to the policy and failure to do so may affect my level of sponsorship.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRIORITY OF APPLICATION

Priority 1    Priority 2    Priority 3    Priority 4a    Priority 4b    Priority 5

### SPONSORSHIP COSTS

	Spring	Summer	Fall	Winter
<b>Tuition</b>				
<b>Textbooks</b>				
<b>Living Allowance</b>				
<b>Supplies</b>				
<b>Total</b>	\$	\$	\$	\$

### Recommendation

Recommended    Recommended with Conditions    Not Recommended

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_ DATE: \_\_\_\_\_