



Misipawistik Cree Nation

P.O. Box 500, Grand Rapids, Manitoba R0C 1E0
Ph: (204) 639-2219 / 2485 / 2486 / 2203 Fax: (204) 639-2503

POST-SECONDARY EDUCATION ASSISTANCE APPLICATION FORM

Type of Funding Requested: _____ Full-Time _____ Part-Time

Date: _____

Full Name: _____

Birthdate: _____

Address: _____

Treaty #: _____

S.I.N.#: _____

Postal Code: _____

Phone #: _____

Email Address: _____

Spouse: _____ Occupation: _____

Address: _____ Employer: _____

Dependants:

Names

Birthdates

Grade

Education:

High School Education - Highest Grade completed: _____

Name of School: _____ Year: _____

POST - SECONDARY EDUCATION

Have you previously attended a Post-Secondary Institution (University or College)? YES NO

If YES, please list institutions, beginning with most recent.

Name of Institution	Year	Program/Course
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were the programs/courses completed? YES NO

If YES, please enclose transcripts.

If NO, please enclose transcripts and give reason.

Date of completion or withdrawal. _____

Sponsorship provided by: _____

- _____ Tuition only
- _____ Tuition & Books
- _____ Tuition, Books & Living Allowance
- _____ Subsidy

CURRENT APPLICATION

I have been accepted at _____,
in _____ to take _____.

Letter of Acceptance enclosed: YES NO

This program/course is for _____ year(s)/months. The first day of classes for my first year is _____ and my last day is _____.

Please add any additional information that you feel is important to your application. _____

I understand that

- Completion of this application form does not automatically ensure sponsorship. Sponsorship will be approved only when funding is secured.

- In order to maintain continued sponsorship I must:
 - Provide marks to Misipawistik Cree Nation. I must maintain an above average grade in all courses. Mid-term marks will be reviewed for continued sponsorship.
 - Maintain good attendance. Poor attendance can be cause for suspension of sponsorship.
 - Inform Misipawistik Cree Nation regarding any changes to my application and inform them if I encounter any difficulties so that we can resolve them before they interfere with my schooling.
 - Provide a signed copy of a Release of Information Form from my Educational Institution which will allow MCN staff to access my transcripts and to discuss my progress with the relevant staff.

Signature: _____

Date: _____