



To effectively authorize sponsorship, MCFN Student Services requires **all** of the following information:

- Cover Letter stating goals and education plans
- Letter of Acceptance from Institution
- Registration
- Transcripts
- Tuition Fee Assessment
- Status Card
- Provincial Health Card(s) for Self and Dependents
- Required Statutory Declaration

APPLICATION DEADLINES:

September Enrolment (Fall Semester): **July 30**
 January Enrolment (Winter Semester): **November 15**
 Spring/Summer (Intersession): **April 1**

APPLICANT INFORMATION

Last Name		First Name		Date of Application	
<input type="checkbox"/> New Student	Institution Student ID	Member Status #		Social Insurance No.	
<input type="checkbox"/> Continuing					
<input type="checkbox"/> From UCEP					
Phone #		E-mail Address		Date of Birth (YR/MM/DD)	
Permanent Address (City, Province, Postal Code)					
Current Address (if different from above)					
Number of Dependents		Canadian Resident			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			



CONDITIONS FOR EDUCATIONAL ASSISTANCE

I hereby apply for financial assistance and accept the following conditions:

1. All interactions between Students and MCFN Staff shall be respectful and fair .
2. To become familiar with the assistance limitations under the Post-Secondary Education Policy.
3. To meet the standards required by the institution.
4. To provide monthly progress reports to MCFN Education Coordinator.
5. To plan and manage my education and funding to the best of my ability.
6. I am aware of the penalty for being In Default and the misuse of funds.
7. By signing and submitting the funding application, I hereby specifically authorize the deduction and recovery of any overpayments, including withholding any amount due to me from MCFN (i.e., per capita distribution payment).

I have read, agree, and understand the conditions for financial assistance.

Student's Signature _____ Date: _____

OFFICE USE ONLY (EDUCATION COORDINATOR)

OFFICE USE ONLY (Check Applicable Boxes)

Previous Support (____Months) UCEP Level 1 Level 2 Level 3 Completed Program Dropped Out

APPLICATION COMPLETE APPLICATION INCOMPLETE

Authorization

Education Coordinator Signature: Date: _____



MCFN POST-SECONDARY STUDENT EDUCATION STUDENT RELEASE AUTHORIZATIONS

Student Records

Mikisew Cree First Nation Student Services will maintain all confidentiality of student records and personal information in accordance with applicable privacy legislation. Subject to privacy legislation and Indigenous Services Canada (ISC) requirements, MCFN Student Services requires written consent of the student to release any such information.

MCFN Student Services will maintain a Student Registry for statistical purposes to be provided to ISC.

By signing below, I, _____ authorize the Education Coordinator to:

1. release my name, program and funding status to other MCFN Departments for statistical purposes.
2. obtain information from my educational institution regarding my program and course registration, attendance, transcript of marks, and any disciplinary proceedings. I agree to sign any required consent provided by the post-secondary institution to facilitate this transfer of information.

Program Name

From _____ 20__ to _____ 20__.
(Date) (Date)

OPTIONAL

Student Photographs/Videos

I hereby consent and agree that MCFN has the right to take or use photographs or videos of me related to my education (for example, graduation photos or videos which may include sound recordings) and to use these for educational or promotional purposes in any and all media now or hereafter known, including online, without compensation.

Student Signature

Education Coordinator Signature

Student (Print Name)

Witness (Print Name)

Witness Signature

Witness Signature

Date

Date

Phone Number

Phone Number

Current approved documents are maintained online. Printed copies are uncontrolled. Owned by: MCFN Education Coordinator.



MCFN POST-SECONDARY EDUCATION DIRECT DEPOSIT INFORMATION

I hereby authorize MCFN Student Services to direct deposit my monthly living allowance payment to the following account:

Banking Institution: _____

Bank Address: _____

Institution Code: _____

Transit Number: _____

Account #: _____

Account Type: _____

Payee Signature

Witness Signature

Date

Please provide copy of void cheque or banking institution's deposit slip.



MCFN POST-SECONDARY EDUCATION STUDENT RESPONSIBILITIES

Responsibilities of Sponsored Students

The following are the expectations of student sponsored through MCFN Student Services. You the student must meet these standards to be sponsored through MCFN Student Services.

1. It is the student's responsibility to obtain approval from MCFN's Education Coordinator before making any changes to their educational program. This includes changing programs, adding, or dropping courses. Any changes that are requested must be asked for in writing.

I realize that sponsorship through Mikisew Student Services is the same as having a job. This means that I must notify the MCFN Education Coordinator when I will not be attending school for any reason.

If absent for medical reasons (including a serious illness or injury, as described in the MCFN Post Secondary Education Student Handbook) for more than one week, a note or certificate from a doctor or other medical professional that provides details of the circumstances or reason for absence from classes is required. Failure to provide such a note may result in me being required to reimburse MCFN for all educational funds provided to me for the semester during which the absence occurred.

Initial

2. I must pass at least 75% of my course load to continue my funding from Mikisew Student Services.

Initial

3. I understand that I must maintain an attendance rate of at least 75% for the duration of my program.

Initial

4. I am aware that I will be considered In Default with Mikisew Student Services for:
 - a. failing to pass 75% of my course load (for example, must pass three out of four classes),
 - b. failing to attend a minimum of 75% of the assigned class time hours
 - c. withdrawing from or quitting school
 - d. misrepresenting information on my application

Initial

5. If I am In Default with Mikisew Student Services funding, I will be required to pay MCFN back any monies spent. I am aware that if I misuse funds, I will be put on the Mikisew Student Services No Fund List until monies are paid back.

Initial

6. I am aware that I must provide Mikisew Student Services with a monthly progress report in writing, as a condition of funding.

Initial

7. I have received and read the Post-Secondary Education Policy and MCFN Post-Secondary Education Student Handbook.

Initial

8. I understand that Mikisew Student Services will not be paying for any health or dental fees that are charged by my institution, and I must **opt out** of these benefits or agree to pay for them on my own.

Initial

9. I understand that Mikisew Student Services may provide me with a travel allowance for studies away from home (up to the maximum allowed per semester). This travel allowance only applies if the institution location is different from my permanent address.

Initial

Student Signature

Date

MCFN Education Coordinator Signature

Date

Print Name