



MEMO

To: **Part Time Post-Secondary Applicant**
 From: Post-Secondary Program
 Date: 2026-2027
 Re: **PART TIME PROGRAM**

NOTE THE FOLLOWING:

- Request for sponsorship will be considered upon receipt of a completed application package including the supporting documentation.
- Avoid delays in processing your sponsorship and submit all supporting documentation with your application. (Supporting documentation is used in forecasting budget requirements and informational purposes)
- Electronic copies may be submitted in PDF format.
- You will receive an email confirming receipt of the application. It is your responsibility to ensure your application package is complete. (Use the checklist below to ensure all the necessary information is contained.)
- Information collected within this application is held in confidence and maintained within your student file.
- If you have any questions about the application or are experiencing delay in obtaining support documentation, contact the Post-Secondary Office.

PLEASE SUBMIT THE COMPLETED FORMS AND SUPPORTING DOCUMENTS TO ADDRESS ON THE ABOVE LETTERHEAD:

Attn: Post Secondary Student Support Program

OR CONTACT via: Tel: 705.377.5362 ext. 221 Email: postsec@mchigeeng.ca

ANNUAL DEADLINE FOR APPLICATIONS IS MARCH 30TH

✓	FULL TIME PROGRAM NEW STUDENT APPLICATION PACKAGE CHECKLIST	OFFICE USE
	Responsibilities of Student Contract	
	Full Time Program Applicant Information	
	Family Tree	
	Program Information Form	
	Academic History Form	
	Electronic Funds Transfer Authorization	
	Education Plan Statement	
	Consent to the Release of Information	
	Consent to the Access and Release of Information	
	Student Placement/Practicum Form (if applicable)	
	SUPPORTING DOCUMENTATION TO INCLUDE WHEN SUBMITTING YOUR APPLICATION	
	Direct Deposit Authorization Form (Available from your Bank)	
	Copy of Status Card	
	Copy Income Tax Statement Child Tax Benefit Notice (If applicable)	
	Official Transcript and *Copy of Diploma/Degree/Certificate (If graduating)	
	Special Educational Needs/Exceptionalities (Recommendations, if applicable)	
	Program Information (description/estimate of fees, etc.)	
	Registration Confirmation from OCAS/OUAC/Letter from Institution	
	Confirmation of On Campus Residence Acceptance/Application (if applicable)	



RESPONSIBILITIES OF STUDENT CONTRACT

This is to confirm that I accept funding for part time educational assistance under the following conditions and that I am prepared to:

- Thoroughly read and become familiar with the **M'Chigeeng First Nation Post-Secondary Guidelines**.
- Complete the application for educational assistance forms and ensure successful completion each year for continued sponsorship.
- Submit final acceptance letter to MFN Post Sec from Post Sec Institution immediately upon receiving.
- Provide a copy of my student registration form (SRF) or timetable at the beginning of each semester/term.
- Provide my mid-term report when it becomes available mid semester and my final grade report at the end of each semester. **All students must provide an UNOFFICIAL transcript/Grade Report at the end of each semester/term and an OFFICIAL transcript upon completion of the program.** The fee associated with the cost of sending the transcript is the students' responsibility.
- Become familiar with the institution's academic calendar, including important dates and deadlines for registration, course drop date, withdrawal date, etc.
- Undertake the full course load per semester that is deemed part time by M'Chigeeng First Nation Post Secondary Guidelines
- Submit a copy of all institution correspondence relating to my tuition fees to the Education Department as soon as I receive it and provide a copy of the Institutions' Third (3rd) Party Release of Information OR Third (3rd) Party Billing form(s) to the Education Department as soon as possible (if required by Institution). Any late fees will be deducted from my monthly student allowance.
- Attend all classes.
- Notify the Education Department immediately of any program change, dropping any courses or withdrawing from program.
- Maintain regular monthly contact with the M'Chigeeng First Nation Education Department whether via email or telephone.
- Complete a Placement/Practicum Form. To be submitted one month prior to the start date along with a letter from your program coordinator. The letter should state whether the placement will be paid or unpaid and indicate a start date and end date.

If I withdraw from my program, I will:

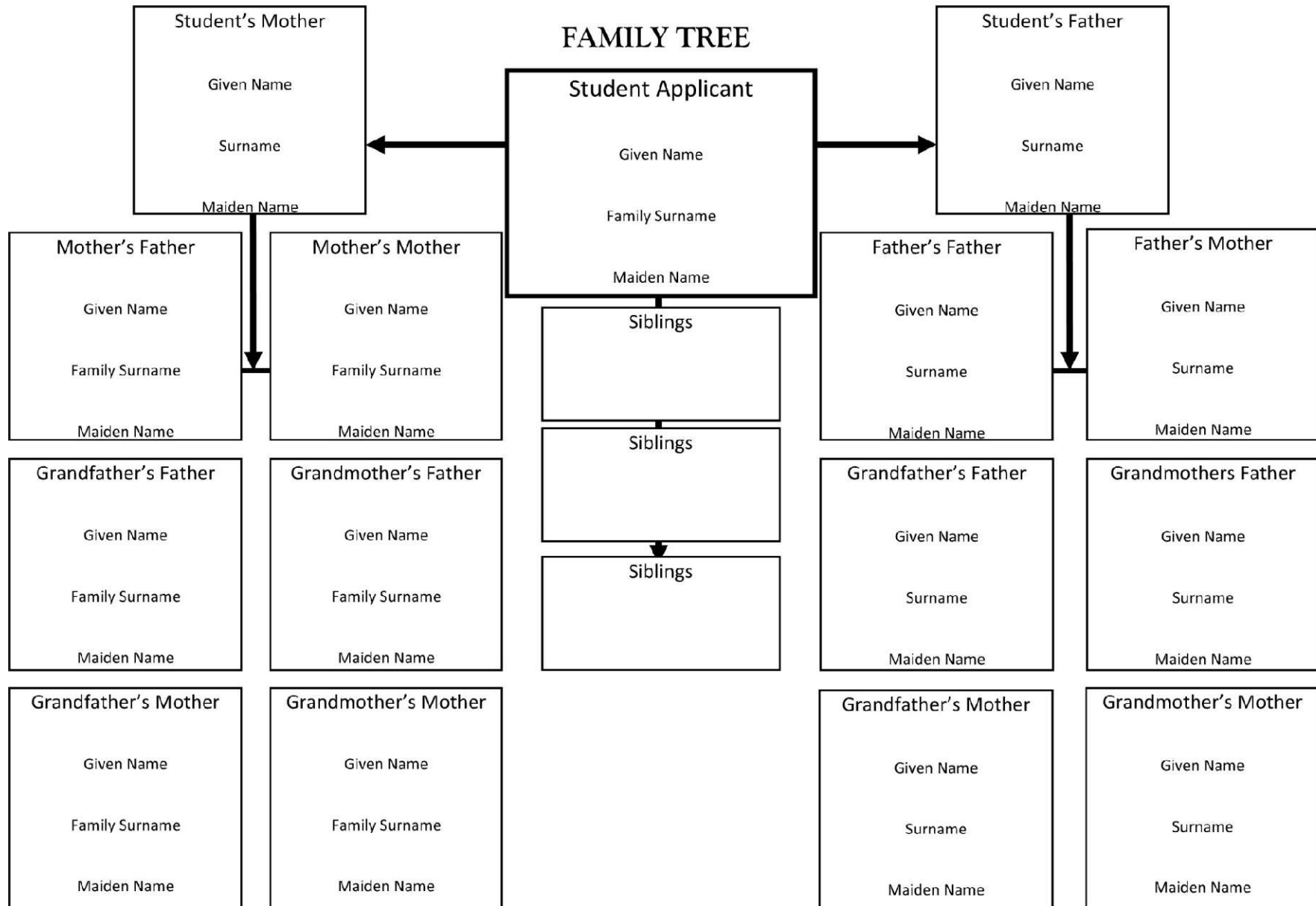
1. Notify the M'Chigeeng First Nation Education Department immediately.
2. Officially withdraw from my program with the College/University.
3. Return any funds I receive after I have withdrawn from the program, failure to do so will result in a debt to the M'Chigeeng First Nation Education Department.

I understand that the M'Chigeeng First Nation Education Department will continue to fund me if I am progressing to the satisfaction of the college/university and the Education Department. Further, if one or more of the above conditions are not met, my sponsorship may be terminated

I HAVE READ THE ABOVE CONDITIONS AND UNDERSTAND THEM.

Student Signature

Date





PROGRAM INFORMATION – 1st Choice

Please complete in full			
1ST CHOICE PROGRAM	I AM SEEKING A:	COLLEGE Certificate <input type="radio"/> Diploma <input type="radio"/>	TO BE <input type="checkbox"/> DETERMINED
		UNIVERSITY Undergrad <input type="radio"/> Masters <input type="radio"/> Doctorate <input type="radio"/>	METHOD OF DELIVERY: Classroom <input type="radio"/> Online <input type="radio"/> Blended <input type="radio"/>
	NAME OF PROGRAM:	NAME OF INSTITUTION:	TOTAL NUMBER OF PROGRAM YEARS: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yrs.
	STUDENT NUMBER:	PROGRAM START: _____ END: _____	WHAT YEAR OF STUDY ARE YOU IN: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Yr.
	REGISTRATION INFORMATION: DUE: <u>MM/DD/YY</u>	DEPOSIT DUE DATE: <u>MM/DD/YY</u> Amount: \$ _____	ANTICIPATED GRADUATION DATE: _____
	PROGRAM OFFER/ACCEPTANCE: Pending <input type="radio"/> Conditional <input type="radio"/> Continuing <input type="radio"/> Final <input type="radio"/>		PROGRAM EQUIPMENT REQUIREMENTS? Yes <input type="radio"/> No <input type="radio"/> PROGRAM PLACEMENT REQUIREMENT? Yes <input type="radio"/> No <input type="radio"/>
I will be attending FULL-TIME studies. <input type="checkbox"/> Spring/Summer (May – August) <input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – April)		I will be attending PART TIME studies. <input type="checkbox"/> Spring/Summer (May – August) <input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – April)	
APPLYING FOR RESIDENCE? YES <input type="radio"/> NO <input type="radio"/> UNKNOWN <input type="radio"/>		AMOUNT: \$ _____ Deadline: <u>MM/DD/YY</u>	
RESIDENCE DEPOSIT REQUIRED? YES <input type="radio"/> NO <input type="radio"/>		If considering application for On Campus Residence, please be sure to contact PSE Counsellor.	
Does your program require training not covered by the institution? (I.e., First Aid CPR, etc.) PLEASE LIST:			
INFORMATION ABOUT YOUR POTENTIAL/ESTIMATED FUNDING REQUIREMENTS¹ (Per Year) Please Provide Documentation with your application.			
Tuition Fees: \$	Book Fees: \$	Travel: \$	
Childcare: \$	Equipment Cost: \$	Other: \$	

I have read and completed of the M'Chigeeng First Nation Post Secondary Education Program Information Form to the best of my knowledge and ability.

 Student Signature

 Date

Funding is subject to availability and eligibility, and in accordance with the M'Chigeeng First Nation Post Secondary Guidelines



ELECTRONIC FUNDS TRANSFER ENROLLMENT/AUTHORIZATION FORM

COMPLETE AND SIGN THE ENROLLMENT/AUTHORIZATION FORM BELOW:

STUDENT NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
I hereby authorize the M'Chigeeng First Nation to deposit directly to my account as noted on the attached direct deposit form beginning on the date of:	
DATE:	
STUDENT SIGNATURE:	

**PLEASE ATTACH A FULLY ENCODED
DIRECT DEPOSIT AUTHORIZATION FORM
FROM YOUR FINANCIAL INSTITUTION**



ACADEMIC HISTORY

PLEASE CHECK ALL THAT APPLY AND INDICATE COURSES/PROGRAMS, NAME OF INSTITUTION			
EDUCATION/ TRAINING	<input type="radio"/> HIGH SCHOOL DIPLOMA		<input type="radio"/> MATURE STUDENT
	<input type="radio"/> GED (GENERAL EDUCATION DIPLOMA OR EQUIVALENT)		<input type="radio"/> HIGHEST LEVEL OF EDUCATION GRADE: _____
	<input type="radio"/> COLLEGE		<input type="radio"/> PRIVATE INSTITUTION
	<input type="radio"/> UNIVERSITY		<input type="radio"/> OTHER (VOCATIONAL/TRADES TRAINING, ETC.)
	OTHER CERTIFICATIONS/LICENSES Please list previous/current with expiration dates.		
	<input type="radio"/> FIRST AID/CPR		<input type="radio"/> MENTAL HEALTH FIRST AID
	<input type="radio"/> WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS)		<input type="radio"/> DRIVERS LICENSE
	<input type="radio"/> OTHER:		<input type="radio"/> OTHER:
PREVIOUS SPONSORSHIP	HAVE YOU EVER BEEN FINANCIALLY SPONSORED BY THE M'CHIGEENG FN EDUCATION PROGRAM? YES <input type="radio"/> NO <input type="radio"/>		
	If previously sponsored, please list and include official transcript for program(s) attended.		
	School Year	Program/Course	# of Months/Years Attended
			Received Diploma/ Certificate/Degree/Other
SPECIAL NEEDS OR EXCEPTIONALITIES	Have you ever been formally identified, or do you self-identify as having special needs* or exceptionalities* that would require support to ensure a positive experience in a learning environment? YES <input type="radio"/> NO <input type="radio"/> UNSURE <input type="radio"/>		
	TYPE OF ASSESSMENT(S):		DATE OF ASSESSMENT: UNKNOWN <input type="radio"/>
			MM / DD / YY
	Do you require special equipment or additional support to enhance your learning experience? YES <input type="radio"/> NO <input type="radio"/>		
	What type of additional support do you require?		
(*i.e., Learning Disability, ADHD, Information Processing, etc.)			

I have read and completed the Academic History form to the best of my knowledge and ability.

Student Signature

Date



CONSENT TO RELEASE INFORMATION

Institution Name: _____

Campus: _____

To Whom It May Concern:

As a student sponsored by the M'Chigeeng First Nation Education Department, I hereby authorize the above-mentioned educational institution to release all transcripts, attendance records and all other documents indicative of my progress to the sponsoring agency.

Student Name: _____

Student #: _____

Program: _____

Calendar Year: _____

Start Date: _____

End Date: _____

Student Signature

Date

Please forward all transcripts and other academic documentation to:

**M'Chigeeng First Nation Education Department
Post-Secondary Program**

Attn: Post Secondary Student Support Program

Email: postsec@mchigeeng.ca

Phone: 705-377-5362 ext. 221 or 224

Fax: 705-377-4980

53 HWY 551, PO Box 333

M'Chigeeng, ON P0P 1G0



CONSENT TO THE ACCESS & RELEASE OF INFORMATION

M'Chigeeng First Nation may need to obtain information on an applicant prior to approval of an application and may carry out follow up surveys during or after the funding period. Some or all of the information you provide may be shared with them for this purpose.

As the sponsoring agency, M'Chigeeng First Nation Education Department requires and may access any information regarding training duration, attendance, performance, or other financial supports and information required to verify, process, administer and monitor a supported activity. Any exchange of information will remain confidential among parties noted below.

By signing below, I _____ hereby consent to the access, collection and disclosure and release of information between any representative of M'Chigeeng First Nation and representatives of the following agencies and their affiliates regarding educational, training and/or employment related activities and/or information.

MANDATORY- Please be sure to include business and/or contact names:

- a) M'Chigeeng First Nation Departments
- b) Indigenous and Northern Affairs Canada
- c) Service Canada (EI, CPP, OAS)
- d) Ministry of Advanced Education and Skills Development (Formerly Ministry of Training, Colleges and Universities)
- e) Ministry of Community and Social Services (Ontario Works, Ontario Disability Support Program)

Name of Worker: _____

- f) District School Board: _____
- g) Employment & Training Agency: _____
- h) Assessment Consultation Agency: _____

NON-MANDATORY (Optional)

Furthermore, I consent to the access and release of information to the following individuals (i.e. parents, family):

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

I have read this document or have had this document read to me. I fully understand the above notices and do consent to the collection, disclosure, and use of my personal information as described herein.

Student Signature

Date

Information is collected for the purposes of sharing with agencies and departments identified as stakeholders, including internal and external funding and partnering agencies. The information is collected in accordance with the Privacy Act and the Personal Information Protection and Electronic Documents Act. You have the right to access information shared with funders and agencies and to make changes to this information, as you see appropriate.