



**Application for Post-Secondary Financial Assistance
Kanehsatake Tsi Ionthiatonhseraweienhstákhwa**

Kanehsatake Education Center
14 Joseph Swan, Kanehsatake, QC, J0N 1E0 TEL NO: (450) 479-8358 FAX NO: (450) 479-6022
Toll Free: 1-877-479-8358

CONFIDENTIAL WHEN COMPLETED

www.kanehsatake-edu.com

Student Information

New Student ___ Re-enrollment ___

Band Number: 069 _____ Birth Date: ____/____/____ (YYYY/MM/DD)

Sex: Male ___ Female ___

Have You Been Living in Canada for the last 12 months? Yes ___ No ___

Surname: _____ First: _____ Second: _____

Home Address

MAILING ADDRESS:

Postal Code _____

Postal Code _____

Email: _____

Phone # () _____

Phone # () _____

Emergency Contact Person: _____

Phone # () _____

Student Profile

___ Single

___ Married/Common Law with Employed Spouse

___ Single Parent

___ Married/Common Law with Dependant Spouse

___ Number of Dependants (under age 18 or 18 to 21 if in high school)

List Dependants living with you

Name	Relationship	Date of Birth

Education Plan

Attendance

___ Full Time

___ Part Time

Program Level

___ Level I-College

___ Level II Undergraduate (i.e. B.A., B.ED.)

___ Level III Graduate or Professional (i.e. M.D., M.A.)

___ Level IV Doctoral (i.e. PhD's)

Graduation Date

____/____/____ (M/D/Y)

Program _____

Institution _____

Address _____

Province _____

Postal Code _____

Length of Program (yrs) _____

Year of Study _____ (i.e. 1st yr. Of 3 yrs.)

Semester applying for Fall & Winter ___

Fall ___ Winter ___

Semester Period for this Application

____/____/____ to ____/____/____
(MM/DD/YY) (MM/DD/YY)



**Application for Post-Secondary Financial Assistance
Kanehsatake Tsi Ionthiatonhsraweienhstákhwa**

Kanehsatake Education Center
14 Joseph Swan, Kanehsatake, QC, J0N 1E0 TEL NO: (450) 479-8358 FAX NO: (450) 479-6022
Toll Free: 1-877-479-8358

I understand the following conditions for sponsorship by the Kanehsatake Education Centre. All information will be held in strict confidence and without prejudice.

1. To fill out all required confidential forms including: application forms, Consent to Request Information and Consent to Release Information.
2. To attend classes regularly and consistently.
3. To adhere to college/university regulations and meet the grade requirements set forth by the institution I am attending.
4. To provide the Kanehsatake Education Centre with a copy of my final grades at the completion of each semester.
5. To notify the Kanehsatake Education Centre if **I withdraw from the institution, a course or transfer to another program.**
6. To meet or exceed the minimum grade requirements of the institution, and understand that if I do not meet these requirements, my funding will be cancelled.

I declare that all of the above information is complete, true and accurate and I agree to inform the Kanehsatake Education Center of any changes, which may affect my eligibility for allowance. I also declare that I have read and understood all definitions, rules and guidelines.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY (DO NOT WRITE IN THE AREA BELOW)

Proof of Residency

FORMS OF IDENTIFICATION: ___Driver's Licence; ___Student Card; ___Indian Status Card;
___Other (specify) _____

Copy on File: Yes___ No___

Verified by KEC: _____

Coding (Major area of study) _____ Level of Study 1 2 3 Date Received: _____

Action Code: New Application Modification

APPLICATION: Approved Rejected Deferred Reason: _____

KEC Signature: _____ **Date:** _____

Mail application to:

Kanehsatake Tsi
Ionthiatonhsraweienhstákhwa
Kanehsatake Education Centre
14 Joseph Swan
Kanehsatake, QC J0N 1E0

Phone: (450) 479-8358
Fax: (450) 479-6022



Application for Post-Secondary Financial Assistance
Kanehsatake Tsi Ionthiatonhseraweienhstákhwa

Kanehsatake Education Center
14 Joseph Swan, Kanehsatake, QC, J0N 1E0 (450) 479-8358 FAX NO: (450) 479-6022
Toll Free: 1-877-479-8358

High School Graduate YES___ NO___ Last Year Attended High School _____

History of previous post-secondary education (start with last institution attended)

Institution	Address (include province)	Program	Dates attended	Graduated(Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**Application for Post-Secondary Financial Assistance
Kaneshsatake Tsi Ionthiatonhseraweienhstákhwa**

Kaneshsatake Education Center
14 Joseph Swan, Kaneshsatake, QC, J0N 1E0 (450) 479-8358 FAX NO: (450) 479-6022
Toll Free: 1-877-479-8358

CONFIDENTIAL ONCE COMPLETED

CONSENT TO REQUEST AND RELEASE INFORMATION

Personal Information (Please print or write legibly)

First Name	Middle Name	Last Name
Home Address		Telephone Number
Academic Address (if different from home)		Telephone Number
Date of Birth	Student Permanent Code	Social Insurance Number
Education Institution		Address of Education Institution

CONSENT TO REQUEST INFORMATION

I, _____, provide my consent, as may be required, to allow the Kaneshsatake Education Centre, Post-Secondary Program, to request copies of information from employers, all sources of income, educational and employment and training institution(s): federal, provincial, and Kaneshsatake government offices/agencies. This consent is intended to allow the Kaneshsatake Education Centre, Post-Secondary Education Program to verify information to determine my eligibility to receive Education Assistance.

CONSENT TO RELEASE INFORMATION

I, _____, provide my consent, as may be required, to allow the Kaneshsatake Education Centre, Post-Secondary Education Program, to release information and provide copies of documentation to educational and employment and training institution(s) and federal, provincial and Kaneshsatake government offices/agencies. This consent is intended to allow the Kaneshsatake Education Centre, Post-Secondary Education Program to provide information so that my eligibility for other assistance (including employment) may be determined and to confirm any assistance received through the Kaneshsatake Education Centre, Post-Secondary Education Program.

SIGNATURES

This signed consent is valid until _____, 20__.

Dated this _____ day of _____, 20__.

Signature of Applicant

KEC – Authorized Signature

DEPENDENT SPOUSE CLAIM – CONSENT TO

I, _____, am the partner of _____. I have read and understood this document and by this authorization, I provide my consent, as may be required, to allow the Kaneshsatake Education Centre, Post-Secondary Education Program to request and release information about myself with the government agencies in order to determine my partner's eligibility to receive Educational Assistance.

Dated this _____ day of _____, 20__.

Signature _____