



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

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](http://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 \_\_\_\_\_ Program Level \_\_\_\_\_ Graduation Date \_\_\_\_\_  
 \_\_\_ Full Time \_\_\_ Level I-College \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Y)  
 \_\_\_ Part Time \_\_\_ 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)

Program \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Length of Program (yrs) \_\_\_\_\_ Year of Study \_\_\_\_\_ (i.e. 1<sup>st</sup> yr. Of 3 yrs.)

Semester applying for \_\_\_ Fall \_\_\_ Winter \_\_\_ Summer (June, July) \_\_\_ Spring (university students only for May)

Semester Period for this Application \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM /DD /YY) (MM/ DD /YY)



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**ARE YOU EMPLOYED?** \_\_\_ NO \_\_\_ YES (IF YES \_\_\_ Full Time \_\_\_ Part Time Hrs. per week \_\_\_)

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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Date Received: _____
Action Code: New Application <input type="checkbox"/> Modification <input type="checkbox"/>		
<b>APPLICATION:</b> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Deferred <input type="checkbox"/> Reason: _____		
<b>KEC Signature:</b> _____		<b>Date:</b> _____

Mail application to:	Kanehsatake Tsi Ionthiatonhseraweienhstákhwa Kanehsatake Education Centre 14 Joseph Swan Kanehsatake, QC J0N 1E0  Phone: (450) 479-8358 Fax: (450) 479-6022 1-877-479-8358 (Toll Free) Website: www.kanehsatake-edu.ca
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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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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**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	Academic Student Number	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 REQUEST AND RELEASE INFORMATION**

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 \_\_\_\_\_