



Telephone Number: (519) 445-2205 ex 3235

Fax Number: (519) 445-4208

**APPLICATION FOR EDUCATIONAL ATTENDANCE FINANCIAL ASSISTANCE**

**10 DIGIT STATUS NUMBER:** \_\_\_\_\_

**PLACE OF RESIDENCE: RESERVE**

**YES**

**NO**

**GIVEN NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**SECONDARY SCHOOL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**MAILING ADDRESS FOR RECIPIENT OF CHEQUE(S):**

**or CHANGE OF ADDRESS**

**BLUE FLAG NUMBER & ROAD**

**MAILING ADDRESS:** \_\_\_\_\_

**C/O**

*I, hereby apply for a Educational Allowance to be paid to my child/ward.*

**SIGNATURE OF STUDENT** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN  
(UNDER THE AGE OF 18)** \_\_\_\_\_

**SCHOOL COUNSELLOR** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**CONFIDENTIALITY STATEMENT**

*For verification purposes, the Six Nations Council requires the above information for the Student Financial Assistance Program. By law, the student, parent or guardian must consent to the release of this information to the Six Nations Membership Office and Secondary Schools.*