



Telephone #: (519) 445-2205 ex 3224

Fax #: (519) 445-4208

STUDENT SUPPORT APPLICATION

Student Information

First Name: _____ Last Name: _____

Mailing Address: P.O. Box _____ City: _____

Blue Flag #: _____ Road _____

Postal Code : (i.e. N0A 1M0) _____ Home or Cell#: _____

Attach a Copy of your Six Nations Status Card **Student Signature** _____

Status Number: _____ D.O.B. _____

Name of School: _____ Contact Person: _____

Address of School: _____ Email Address: _____

Students must attach receipts with this application for Reimbursement of course related fees

Information for Parent or Guardian for student(s) under the age of 18

I am aware that my child/ward has made an application for student support.

Purpose: _____

Payable To: _____ **AMOUNT:** _____

Parent/Guardian Signature: _____ **Date:** _____

Co-op Program: Send in "Work Education Agreement" for financial assistance along with receipts for transportation and clothing (requirement of the placement)

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 Band Membership Office and schools.

CODE - Acct #44226 122 SFA _____