



Telephone #: (519) 445-2205 ex 3235

Fax #: (519) 445-4208

SECONDARY STUDENT SUPPORT APPLICATION

Student Information

Last Name: _____ First & Middle Name: _____

Mailing Address: _____

Postal Code: _____

Blue Flag #: _____ Road _____

Ten Digit Status #: _____

Telephone #: _____ Student Signature _____

Monthly Attendance Incentive

Incentive Amount \$ 5.00

Attendance Counsellor: _____

Information for Parent or Guardian

I am aware that my son/daughter has made an application for student support.

Parent/Guardian Signature: _____ Date: _____

Course Name: _____ Course Code: _____

Co op \$ _____ Location/Purpose: _____

Support \$ _____ Purpose: _____

Counsellor Signature: _____ School: _____

Please, make cheque payable to: _____

10 Digit Band Number if different than above _____

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 Secondary Schools.

Acct #4422_122 SFA _____

MUST HAVE ORIGINAL RECEIPTS ATTACHED