



please email to: bmccomber@sixnations.ca

APPLICATION FOR EDUCATION FINANCIAL ASSISTANCE

10 DIGIT STATUS NUMBER: _____

FIRST NAME: _____

LAST NAME: _____

SECONDARY SCHOOL: _____

TELEPHONE/CELLPHONE: _____

MAILING ADDRESS FOR RECIPIENT: _____

MAILING ADDRESS

P.O. Box

OR

R.R. #

BLUE FLAG NUMBER & ROAD

ENROLLMENT ALLOWANCE

\$50 /MONTH

ENHANCED COURSE FEES

REIMBURSEMENT UP TO \$100

POST SECONDARY APPLICATION FEE

REIMBURSE ACTUAL AMOUNT

CO-OP ALLOCATION

REIMBURSEMENT UP TO \$600

SUMMER ACTIVITIES

REIMBURSEMENT UP TO \$500

ELECTRONIC DEVICES

REIMBURSEMENT UP TO \$700 (2021/22 SCHOOL YEAR ONLY)

SCHOOL SUPPLIES

REIMBURSEMENT UP TO \$200 (2021/22 SCHOOL YEAR ONLY)

I am aware that my child/ward has made applied for student support funds

SIGNATURE OF PARENT/GUARDIAN
(UNDER THE AGE OF 18)

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 schools.

CO-OP CODE-Acct #44228-7122-SSFA _____

CODE - Acct #44226-7122SFA _____

ELECTRONICS-Acct # 45020-7122-SSFA _____

SUPPLIES CODE - Acct #44125-7122SFA _____

Student/Parents are to submit the application and EFT Form to Council Administration Office 1695 Chiefswood Road, Ohsweken or drop off at your school in a sealed envelope.

Applications and EFT Forms can also be emailed to bmccomber@sixnations.ca

Cheques will no longer be issued. Student EFT Form and void cheque or Direct Deposit form from your bank must accompany this application.

For reimbursement of Student Support costs, receipts must be attached to this application

For Enrollment Allowance, copy of status card must be attached

Enrollment Allowance Payments will be done for 10 months a year as long as the student is enrolled and has achieved a minimum grade of 50%:

First installment will be paid in December

Second installment will be paid in April

Third installment will be paid in June

All funds are on first come first serve basis until funds are exhausted



STUDENT EFT FORM

DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)

ENROLLMENT

MODIFICATION

SECTION 1 – STUDENT INFORMATION

STUDENT NAME:	10 Digit Band Number:
MAILING ADDRESS:	BLUE FLAG NUMBER & ROAD NAME If applicable):
CITY & PROVINCE	POSTAL CODE:
CONTACT PHONE NUMBER:	EMAIL ADDRESS (MANDATORY):

SECTION 2 – FINANCIAL INSTITUTION INFORMATION

BANK NAME:		
ADDRESS:		
CITY & PROVINCE	POSTAL CODE:	
BANK TRANSIT NUMBER (5 digits)	BANK (3 digits)	BANK ACCOUNT NUMBER:

SECTION 3 – STUDENT SIGNATURE AND AUTHORIZATION

I hereby authorize Six Nations of the Grand River Elected Council to deposit via EFT to the account indicated above for the purpose of paying vendor invoices.

Student Signature (must be contact person from Section 1)

Date (MM/DD/YYYY)

A void cheque must accompany this form. Please email to ap@sixnations.ca or bmccomber@sixnations.ca

OFFICE USE ONLY – DO NOT USE	STUDENT #
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