



## APPLICATION FOR EDUCATION FINANCIAL ASSISTANCE

10 DIGIT STATUS NUMBER:

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FIRST NAME:

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LAST NAME:

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SECONDARY SCHOOL:

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TELEPHONE/CELLPHONE:

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MAILING ADDRESS FOR RECIPIENT:

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MAILING ADDRESS

P.O. Box

OR

R.R. #

BLUE FLAG NUMBER & ROAD

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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

SCHOOL SUPPLIES

REIMBURSEMENT UP TO \$200

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

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

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### 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](mailto: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) VENDOR PAYMENT ENROLLMENT FORM

ENROLLMENT

MODIFICATION

### SECTION 1 – VENDOR INFORMATION

VENDOR NAME:	10 Digit Band Number:
MAILING ADDRESS:	BLUE FLAG NUMBER & ROAD NAME If applicable):
CITY & PROVINCE	POSTAL CODE:
CONTACT PERSON:	TITLE:
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 – VENDOR 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.

\_\_\_\_\_  
Vendor Signature (must be contact person from Section 1)

\_\_\_\_\_  
Date (MM/DD/YYYY)

A void cheque must accompany this form. Please fax this form to 519-445-4208 or email to [ap@sixnations.ca](mailto:ap@sixnations.ca)

OFFICE USE ONLY – DO NOT USE	VENDOR #
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