

## Migisi Sahgaigan School

Box 1005

Migisi Sahgaigan, On

P0V 3H0

Phone: (807) 755-5350

Fax (807) 755 -2086

## UNIVERSITY/COLLEGE APPLICATION OUTLINE

Migisi Sahgaigan School Board is proud to have you continue on in your education. There are some requirements you must meet to be sponsored by Migisi Sahgaigan School Board:

- Students must submit a University/College Application Package containing:

Post Secondary Assistance Application	Form A – P1 & P2
Signed Declaration Information	Form B
Signed Release of Information	Form C
Signed Direct Deposit	Form D
Copy of Status Card	Form E

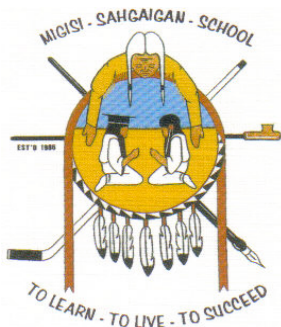
These applications must be filled out **for each year** you attend university/college and must be sent to the Migisi Sahgaigan School Board before May 31<sup>st</sup> of each school year.

- First year students must present an acceptance letter from your university/college. As well as the tuition cost and other related school costs for the full year. Any additional costs over this amount may not be covered by the Migisi Sahgaigan School Board.
- Sponsorship letters will be faxed to the University/college and the original mailed to you once your acceptance letter has been received by Migisi Sahgaigan School Board.
- Students must supply the Migisi Sahgaigan School Board with your transcript 4 times a year (Mid-term, January / Mid-term and the end of the school year). Failure to do so will result in funding being ceased and may result in a suspension of sponsorship for 2 years.
- Students will be responsible to pay for **health coverage** offered by your college or university if needed. Sahgaigan School Board WILL NOT be responsible for that portion of your tuition.
- Students that enroll into a specific Post-Secondary Program must complete the program for sponsorship; the student will forfeit sponsorship if program is transferred.
- Students dropping out of a Post-Secondary Program (without a written medical reason from their doctor) funding will be suspended for a period of 2 years.
- Students must maintain passing grades in all courses. If students are experiencing difficulties in one or more classes; please contact the Director of Education MSSB.
- The MSSB must operate within our budget. For that reason we are not able to fund or fully fund every student that wishes to attend post secondary institutions.
- The MSSB will provide financial support for qualifying students for a maximum of four years.

**Please Note:** The decision is based on funding availability and number of applicants.

2016-2017

Migisi Sahgaigan University and Professional Program Application



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**University/College - Form A – P1**

**POST-SECONDARY ASSISTANCE APPLICATION**

(Confidential When Completed)

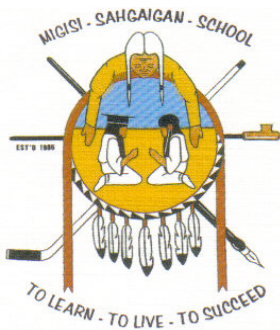
<b>STUDENT IDENTIFIER – Administrative Use Only</b>		
New Student:	Re-Enrollment:	Date Received:
Status Number #:		

<b>BASIC STUDENT INFORMATION</b> <i>(Print, Highlight or Circle)</i>		
Last Name	First/Middle	Phone
Email (Personal)		Email (School)
Address	City/Province	Postal Code

Dependents: N / Y	Allowance Category:
	<input type="checkbox"/> Single Student <input type="checkbox"/> Employed Spouse <input type="checkbox"/> Unemployed Spouse <input type="checkbox"/> Single Parent

<b>EDUCATION PLAN</b> <i>(Print, Highlight or Circle)</i>		
Attendance: Full Time / Part Time	Name of School: Community College     University Diploma	
Program/Course:	Institution:	Location:
Length of Program: (Years to Complete)	Present Year of Study: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	Date of Anticipated Graduation: _____ DD/MM/YYYY
School Start Date – This School Year Only: From: ___ / ___ / ___ DD/MM/YYYY To: ___ / ___ / ___ DD/MM/YYYY		

<b>SPONSORSHIP REQUEST</b> <i>(Highlight or Circle)</i>			
TUITION	BOOKS	ALLOWANCE	TRAVEL



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## University/College - Form A – P2

### PERSONAL INFORMATION

(Print, Highlight or Circle)

Student's Name:

### DEPENDENTS

*UNDER AGE OF 18 and not receiving funding from MSSB*  
 Note: if dependent is not band member proof of custody is required.

Name:	D.O.B.:	Relationship:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### ACADEMIC HISTORY

(Print, Highlight or Circle)

Last High School Attended:

Did you Graduate?  No / Yes  If yes, what year?

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Have you received education assistance from MSSB in previous years?

No / Yes  If Yes, which year?

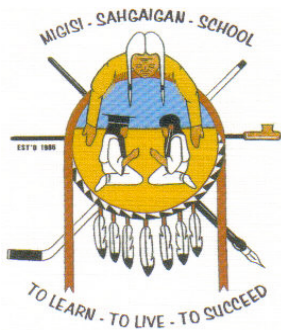
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Have you ever been suspended from receiving financial assistance from education?

No / Yes  If Yes, which year?

Complete the information below starting with the last university/college you attended:

1. University/College:	<input style="width: 95%;" type="text"/>
Program Type:	<input style="width: 50px;" type="text"/> Full-Time <input style="width: 50px;" type="text"/> Part-Time
Did you graduate?	<input style="width: 50px;" type="text"/> No / Yes <input style="width: 50px;" type="text"/> If Yes, which year? <input style="width: 100px;" type="text"/>
2. University/College:	<input style="width: 95%;" type="text"/>
Program Type:	<input style="width: 50px;" type="text"/> Full-Time <input style="width: 50px;" type="text"/> Part-Time
Did you graduate?	<input style="width: 50px;" type="text"/> No / Yes <input style="width: 50px;" type="text"/> If Yes, which year? <input style="width: 100px;" type="text"/>



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## University/College – Form B

### DECLARATION

I understand and agree to the following as conditions for sponsorship by Migisi Sahgaigan School Board. All information will be held in confidence and without prejudice.

1. Attend classes regularly and consistently.
2. Check-in with Education Director each month between the 15<sup>th</sup> and 20<sup>th</sup> to provide progress report – *failure to check allowance will not be distributed.*
3. Adhere to university/college regulations and meet the grade requirements set forth by the university/college.
4. Provide Migisi Sahgaigan School Board/Director/Executive Secretary with a copy of my midterms and final grades for each semester.
5. Provide Migisi Sahgaigan School an acceptance letter for continuing your program from the College/University.
6. Notify the Director if ***I withdraw from university/college*** or if ***I am no longer attending classes.***
7. Meet or exceed the minimum grade requirements of Migisi Sahgaigan School Board (2.0 or C average) and understand that if I do not meet these requirements, my funding will be cancelled without notice.
8. Submit a completed application form before the deadline date (31st of May) for each school year I wish to attend.
9. Immediately declare all Grants/Fellowship, monetary awards and/or other monies awarded to me in order that any necessary adjustments can be made with respect to financial assistance provided by Migisi Sahgaigan School Board.
10. Migisi Sahgaigan School Board ***will not*** be responsible for the Health Plan Fees. The student must opt out of this program or assume the cost.

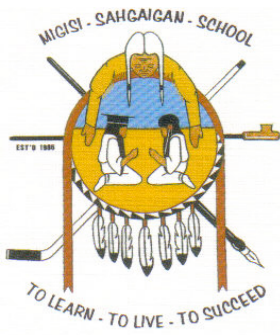
ALL THE INFORMATION PROVIDED BY ME ON THIS FORM IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.  
I AGREE TO THE CONDITIONS AS OUTLINE ABOVE.

Signature

DD/MM/YYYY

2016-2017

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**University/College - Form C**

**RELEASE OF INFORMATION FORM**

*STUDENT TO COMPLETE THIS AREA:*

This is your Authorization to release attendance information as well as any other pertinent education information to Migisi Sahgaigan School Board while I am enrolled in the following program. Migisi Sahgaigan School Board is my sponsoring agency and does require information to continue with my sponsorship.

Program: \_\_\_\_\_

In the event that I have to withdraw from my post secondary education program please send my refund owing to:

Migisi Sahgaigan School Board  
Laura Cripps – Finance Officer  
Box 1001  
Migisi Sahgaigan, On  
P0V 3H0

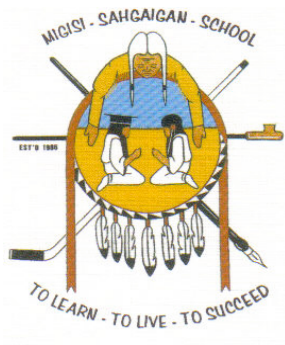
Make cheque payable to Migisi Sahgaigan School Board.

Student Name: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Student #

\_\_\_\_\_  
DD/MM/YYYY



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**University/College - Form D**

**Direct Deposit**

*(Print, Highlight or Circle)*

**Information: ALL PAYMENTS WILL BE MADE VIA DIRECT DEPOSIT. PLEASE PROVIDE DIRECT DEPOSIT INFORMATION BELOW OR SUPPLY A VOID CHEQUE.**

Direct Deposit Form Attached:                    Yes                    No

Blank Cheque Attached:                            Yes                    No

Student Name: \_\_\_\_\_

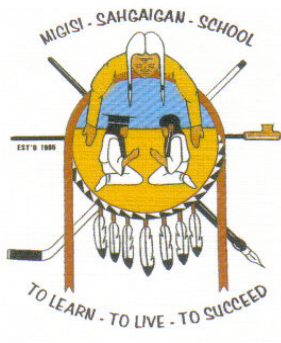
(Please Print)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

DD/MM/YYYY



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**University/College - Form E**

**Notice of Graduation**

*(Print, Highlight or Circle)*

**Information: Please provide the following information upon graduation of your program and attach copy of transcript, diploma or certificate of completion.**

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Program Completed

Transcript Attached:      Yes              No

Copy of Diploma/Certificate Attached:      Yes              No

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
DD/MM/YYYY