



My Action Plan

STUDENT IDENTIFICATION

Last name and given name	Permanent code or student number (<i>matricule</i>)

WHAT PROGRAM OF STUDIES HAVE YOU DECIDED TO PURSUE?

Short-term objective	
Title of program	Program number

EXPLAIN THE STEPS OF YOUR REFLECTION AND WHY YOU WISH TO PURSUE POST-SECONDARY EDUCATION

EXPLAIN YOUR INTENTIONS WHEN THIS PROGRAM WILL BE COMPLETED (HIGHER LEVEL EDUCATION? WHERE AND WHAT? JOB SEARCH? INTERNSHIP ABROAD?...)

Medium-term objectives

PRESENT THE EMPLOYMENT PROSPECTS RELATED TO THE FIELD OF STUDY YOU

HAVE CHOSEN

EXPLAIN HOW YOUR NEW EXPERTISE MIGHT BENEFIT THE ABENAKI COMMUNITY

LIST YOUR YEARS OF EDUCATION AND THE TRAINING YOU HAVE COMPLETED

School year	Institution	Program	Result
			Drop out <input type="checkbox"/> Graduated <input type="checkbox"/> In progress <input type="checkbox"/>
			Drop out <input type="checkbox"/> Graduated <input type="checkbox"/> In progress <input type="checkbox"/>
			Drop out <input type="checkbox"/> Graduated <input type="checkbox"/> In progress <input type="checkbox"/>
			Drop out <input type="checkbox"/> Graduated <input type="checkbox"/> In progress <input type="checkbox"/>

INDICATE YOUR WORK EXPERIENCE

Years	Employer	Responsibilities	

Have you previously received financial assistance from the Abenakis of Odanak Council?

	If so, provide details
For education Yes <input type="checkbox"/> No <input type="checkbox"/>	
For work Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:	

I hereby declare that the information provided is in all respects, true, correct and complete.

Any misrepresentation or omission is a serious offense and may result in cancellation of this application.

Student signature	Date

The masculine form is used without discrimination and solely to lighten the text.

Abenakis of Odanak Council
 102, rue Sibosis, Odanak (Québec), J0G 1H0
 Toll free: 1 888 568-2810