



2024 WINTER SEMESTER

APPLICATION FOR FINANCIAL ASSISTANCE POST-SECONDARY EDUCATION PROGRAM

STUDENT IDENTIFICATION

New <input type="checkbox"/>		Returning <input type="checkbox"/>		Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>	
Name and given name:				Band number :			
Female: <input type="checkbox"/>		Male: <input type="checkbox"/>		Permanent code or student number :			
Date of birth:				Social insurance number :			
Year / month / day							
Mailing address:				Telephone:			
				Mobile:			
No	Street	Apt.		Email:			
City		Province		Postal Code			

STUDENT'S FINANCIAL SITUATION

DEPENDENT CHILDREN

Indicate if you benefit or will benefit from one or other sources of income during the semester: I am receiving or will receive Employment insurance benefits: Yes <input type="checkbox"/> No <input type="checkbox"/> I am receiving income security benefits: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name and given name		Date of birth		
	Name and given name		Date of birth		
Name and given name		Date of birth			

PROGRAM OF STUDY

Name of institution:	
Program title and number:	
Change of program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diploma: AEC <input type="checkbox"/> DEC <input type="checkbox"/> Double DEC <input type="checkbox"/> DEC-BAC <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> DESS <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/>	
Duration of program in number of semesters (for an AEC, indicate the number of months):	
Date expected to complete the full program (indicate the year and month):	
I will graduate this year in the following semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer <input type="checkbox"/> Non-graduating	
I will doing an internship this year: <input type="checkbox"/> Yes <input type="checkbox"/> No	
It is a paid internship: <input type="checkbox"/> Yes <input type="checkbox"/> No (if unpaid internship, provide proof that it is not (e.i. : letter from the school))	

DECLARATION (SIGNATURE REQUIRED)

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

Any false declaration or omission represents a serious offense and can lead to the cancellation of this application.

Student signature	Date
Parents signature if the student is a minor	Date

Send documents by mail to : Abenakis of Odanak Council, 104, rue Sibosis, Odanak (Qc) J0G 1H0
Or by e-mail : **university** level at : ncardin@caodanak.com or **college** level at : alandry@caodanak

Telephone : 1 888 568-2810 Fax: (450) 568-3553