



2025 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 (10 numbers) :			
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

<p>Indicate if you benefit or will benefit from one or other sources of income during the session :</p> <p>I am receiving or will receive Employment insurance benefits : Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I am receiving income security benefits : Yes <input type="checkbox"/> No <input type="checkbox"/></p>	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 or level : <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"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer
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))

CONSENT FOR THE COLLECTION, USE, AND DISCLOSURE OF COLLECTED PERSONAL INFORMATION

Please refer to our Privacy Policy at the following link: <https://caodanak.com/en/personal-information-protection/>

Consent

« I hereby confirm that I have read the Privacy Policy of the Conseil des Abénakis d'Odanak. That indicates that I have read, understood, asked necessary questions for comprehension of the document, and accept the collection, use, or disclosure of my collected information ».

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

Abenaki Council of Odanak
104, rue Sibosis
Odanak (Québec) J0G 1H0
Telephone : 1 888 568-2810 Fax: (450) 568-3553