2027 WINTER SEMESTER

APPLICATION FOR FINANCIAL ASSISTANCE POST-SECONDARY EDUCATION PROGRAM

STUDENT IDENTIFICATION

New ❒ Returning ❒ Full-time ❒ Part-time ❒

Name and given name:	Band number (10 numbers) :
Female: ❒ Male: ❒	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

Indicate if you benefit or will benefit from one or other sources of income during the session :

I am receiving or will receive Employment insurance benefits : Yes ❒ No ❒

I am receiving income security benefits : Yes ❒ No ❒

DEPENDENT CHILDREN

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 : ❒ Yes ❒ No
Diploma: AEC ❒ DEC ❒ Double DEC ❒ DEC-BAC ❒ Diploma ❒ Certificate ❒ DESS ❒ Bachelor's ❒ Master ❒ Doctorate ❒
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 semester: ❒ Yes ❒ No
I will doing an internship this semester: ❒ Yes ❒ No
It is a paid internship: ❒ Yes ❒ 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

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