



LISTUGUJ
EDUCATION DIRECTORATE

POST-SECONDARY STUDENT SUPPORT PROGRAM

Listuguj Education Directorate
1 Riverside West Listuguj, Qc G0C 2R0
Phone: 418-788-2248 Fax: 418-788-5980

CHECKLIST

To determine eligibility, please provide the following documentation :

NEW STUDENT (any new program, not previously funded)

Financial Assistance forms :

- Funding Application (page 2)
- Consent and Direct Deposit (page 3)

Additional Documents to submit :

- Photocopy of a valid status card (front and back)
- Direct deposit information
- Acceptance letter from institute
- Program Information (from website)
 - Details of the program
 - Costs for training (tuition, text book, etc.)
- Copy of (**DEPENDANTS**) Birth certificate (*if applicable*)

Returning students (same program previously funded for)

Financial Assistance forms :

- Funding Application (page 2)
- Consent and Direct Deposit (page 3)

Additional Documents to submit :

- Official transcript from institute

Date submitted : _____

Verified by : _____

FUNDING APPLICATION

IDENTIFICATION			
Client/Participant/name			D.O.B (D/M/Y)
Permanent address	City	Province	Postal code
Address while studying (if applicable)		Staying in residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	Province	Postal code
SIN	10 digit Band no.	Student identification Number:	
Tel: Cell:	Email:		

ADDITIONAL INFORMATION	
<p style="text-align: center;">INCOME</p> <input type="checkbox"/> Employment insurance <input type="checkbox"/> Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Social Assistance <input type="checkbox"/> No Income/other: _____ (Proof required)	<p style="text-align: center;">STATUS</p> <p>GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> X</p> <p>MARTIAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED</p> <p>Spouse income <input type="checkbox"/> Employed <input type="checkbox"/> EI <input type="checkbox"/> Social Assistance <input type="checkbox"/> Other</p>

DEPENDANTS				
Name of dependant	Date of Birth	Age	Relation	Childcare Provider

EDUCATIONAL OR EMPLOYMENT GOALS (BASED ON THIS APPLICATION)
Briefly describe future career goals & create an action plan:

Name of school:	Name of Program:
Program Start Date:	CURRENT YEAR SEMESTER DATES: Optional Summer <input type="checkbox"/> Sept - April <input type="checkbox"/> Sept - May Semester: <input type="checkbox"/> Sept - June <input type="checkbox"/> May-August
Program End Date:	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time	

I hereby apply for financial assistance through the Listuguj Education Directorate for the period indicated. The above information is accurate to the best of my knowledge. **I agree to promptly report any changes to the information provided on my application and to provide any documents or other information related to this application upon request.**

Signature

Date

CONSENT & DIRECT DEPOSIT

IDENTIFICATION

Client/Participant	D.O.B (D/M/Y)
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Permanent address	City	Province	Postal code
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CONSENT TO RELEASE / ACCESS INFORMATION

I hereby authorize the Listuguj Mi'gmaq Development Center (LMDC)/Listuguj Education Directorate (LED) to:

- Verify my eligibility for Employment Insurance (EI) benefits.
I also authorize the LMDC to confirm my membership to the Listuguj Mi'gmaq First Nation.
- Share/access of information related to my file, from/with funding sources, educational institutes, ministries and organizations or employers/sponsors, as deemed pertinent to my action plan.

IF NECESSARY, I authorize the following person(s) access to (partner, Family member, etc.):

Seek information related to my file _____

Retrieve my cheque when requested _____

I understand that information contained in my file will be released to Human Resources Development Canada (HRDC) for statistical purposes and notice of participation in a measure. I also acknowledge that the information is collected and administered in accordance with the Access to information Act and under Canada's Privacy Act and applicable to privacy laws.

Signature

Date

DIRECT DEPOSIT *(Canadian Financial Institutions only)*

Financial Institution	<input type="checkbox"/> I am a returning student/client. Please use my banking information on file. <input type="checkbox"/> Banking information attached (void check or deposit form)
Branch/transit No. (5 digits)	
Institute No. (3 digits)	
Account No. (7 digits)	
Name(s) of Account Holder(s)	

I, under-signed, consent to the LED issuing my payments as indicated above, by direct deposit to my bank account.

To ensure prompt payment(s), I will notify the LED of any changes to my banking information.

I, the under-signed confirm that all information provided above is correct.

Signature

Date