



LISTUGUJ
EDUCATION DIRECTORATE



POST-SECONDARY STUDENT SUPPORT PROGRAM

FUNDING APPLICATION

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

Checklist

To determine eligibility, please provide the following documentation :

New student (any new program, or institute 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 (VOID Cheque)
- Acceptance letter from institute
- Program Information (from website)
 - Details of the program (education course list)
 - 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

Application Deadlines



May 31
Fall Enrollment
(September – December)



November 15
Winter Enrollment
(January – April)



March 31
Spring/Summer Enrollment
(May – August)

Please provide all documentation to:
Christie Caplin Isaac
CCaplinIsaac@lete.listuguj.ca

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>INCOME During School</p> <p><input type="checkbox"/> Employment insurance</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part time</p> <p><input type="checkbox"/> Social Assistance</p> <p><input type="checkbox"/> No Income/other: _____ (Proof required)</p>	<p>STATUS</p> <p>GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> X</p> <p>MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED</p> <p>Spouse's income <input type="checkbox"/> Employed <input type="checkbox"/> EI</p> <p> <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:
Program End Date:	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Sept - April <input type="checkbox"/> Sept - May <input type="checkbox"/> Other : <input type="checkbox"/> Sept - June <input type="checkbox"/> May-August <small>(Optional Summer)</small>

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)	
Permanent address	City	Province	Postal code

CONSENT TO RELEASE / ACCESS INFORMATION	
<p>I hereby authorize the Listuguj Education Directorate (LED) to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Verify my eligibility for Employment Insurance (EI) benefits. I also authorize the LMDC to confirm my membership to the Listuguj Mi'gmaq First Nation.<input type="checkbox"/> Share/access of information related to my file, from/with funding sources, educational institutes, ministries and organizations or LMG Directors/Supervisors, employers/sponsors, as deemed pertinent to my action plan. <p>IF NECESSARY, I authorize the following person(s) (partner, Family member, etc.) access to seek information related to my file _____</p> <p>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.</p> <p>_____ Signature</p> <p>_____ Date</p>	



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

<p>I, under-signed, consent to the LED issuing my payments as indicated above, by direct deposit to my bank account.</p> <p>To ensure prompt payment(s), I will notify the LED of any changes to my banking information.</p> <p>I, the under-signed confirm that all information provided above is correct.</p> <p>_____ Signature</p> <p>_____ Date</p>	
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