



**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, 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

Please provide all documentations to:  
Christie Caplin Isaac  
CCaplinIsaac@listuguj.lete.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><b>INCOME During School</b></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><b>STATUS</b></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:	<b>CURRENT YEAR SEMESTER DATES:</b> <input type="checkbox"/> Sept - April <input type="checkbox"/> Sept - May <input type="checkbox"/> Other : <input type="checkbox"/> Sept - June <input type="checkbox"/> May-August (Optional Summer)
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 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 LMG Directors/Supervisors, 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 \_\_\_\_\_

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 current or returning student/client. Please use my banking information on file.  <input type="checkbox"/> Banking information attached (void cheque 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