



Listuguj Education, Training & Employment Directorate

Listuguj Mi'gmaq Government

Post-Secondary Student Support Program (PSSSP)

STUDENT FILE CHECKLIST

To determine eligibility, please provide the following documentation:

1. Financial Assistance Forms:
 - 1.1. Financial Assistance Application
 - 1.2. Consent to Release Information
 - 1.3. Authorization to Provide Information to a Third Party
 - 1.4. Direct Deposit Form
2. **Official** Transcript from last year of study
3. Photocopy of updated status card; Expiry: _____
4. Copy of acceptance letter
5. Students who have children, Copy of Birth Certificate(s)

New Students:
Complete section
1, 2, 3, 4, 5

Returning Students:
Complete section
1, 2

Application Deadlines:

- ❖ JUNE 30 Programs starting in September
- ❖ NOVEMBER 15 Programs starting in January (if funding permits)
- ❖ MARCH 31 Programs starting in May

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

This section is to be completed by the Post-Secondary Manager

Student Name: _____

Institution: _____

School year: _____

Year of Study: _____

Funding Application Complete



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PSSSP FINANCIAL ASSISTANCE APPLICATION 20__-20__

STUDENT INFORMATION

Student Name:		Date of Birth: (month/day/year)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Permanent Home Address:		City:	Province:	Postal Code:	
Phone Number:		Email: <i>(most often used)</i>			
Address While Studying:		City:	Province:	Postal Code:	
I will be staying in Residence: <input type="checkbox"/> No <input type="checkbox"/> Yes		Band Number: 051-			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Single living with employed parent		<input type="checkbox"/> Married with employed spouse <input type="checkbox"/> Married with dependent spouse		Dependents: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how many? ____ (Birth Certificated Required)	

EDUCATION PLAN

Name of Educational Institution:		
Name of Program:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
What type of program? <input type="checkbox"/> Bridging Year (<i>College/University Prep</i>) <input type="checkbox"/> Certificate (<i>normally 1 year duration</i>) <input type="checkbox"/> Diploma (<i>normally 2-year duration</i>) <input type="checkbox"/> Undergraduate degree (<i>normally 4-year duration</i>) <input type="checkbox"/> Graduate/Masters <input type="checkbox"/> Doctorate		
How many years is the program?	What is your estimated graduation year?	How many credits have you completed?
Effective period (<i>check all that apply</i>): <input type="checkbox"/> Fall (<i>Sept – Dec</i>) <input type="checkbox"/> Winter (<i>Jan – Apr</i>) <input type="checkbox"/> Spring (<i>May – June</i>) <input type="checkbox"/> Summer (<i>July – Aug</i>)		
Briefly describe your future career goals:		

POST-SECONDARY STUDIES RECORD

Year	Institution	Field	Status (complete, incomplete, graduated)

FINANCIAL SITUATION AS OF START DATE

Employed Employment Insurance (EI) Social Assistance Other (specify): _____

I hereby apply for financial assistance under the Post-Secondary Student Support Program (PSSSP) for the period indicated. The above information is accurate to the best of my knowledge. I agree to provide proof of registration at the beginning of each term, a copy of my results at the end of each term, and report any changes and/or program status promptly.

I authorize the Listuguj Education, Training & Employment Directorate to have access to files concerning my current financial situation.

Signature of Applicant: _____ Date: _____



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CONSENT TO RELEASE INFORMATION 20__-20__

STUDENT INFORMATION

Student Name:	Date of Birth: (month/day/year)	Student ID Number:
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SCHOOL INFORMATION

Institution Name:			
Address:	City:	Province:	Postal Code:
Student Account User ID:	Password:		
Start Date:	End Date:		

I authorize the Listuguj Education, Training & Employment Directorate (LETED) of the Listuguj Mi'gmaq Government (LMG) to;

- Have access to information regarding my academic records, attendance records and any other information they may require to justify continued financial support
- To use my student password to access my account at the institution's website
- To release information related to my file to funding sources including Listuguj Mi'gmaq Development Centre (LMDC), the Social Assistance Department, and any provincial and federal funding agency
- If necessary, I authorize the following person(s) access to information related to my file: *(a guardian/parent, for example)*

_____	_____
Name	Relationship
_____	_____
Name	Relationship

Student Signature

Date



COMMISSION DE
DÉVELOPPEMENT DES
RESSOURCES HUMAINES DES
PREMIÈRES NATIONS
DU QUÉBEC



FIRST NATIONS
HUMAN RESOURCES
DEVELOPMENT COMMISSION
OF QUEBEC



«AUTORISATION À TRANSMETTRE DES RENSEIGNEMENTS À UN TIERS»

Je, soussigné(e). _____

Numéro d'assurance-sociale _____

Autorise par la présente à fournir à la Commission de l'APNQL sur le développement des ressources humaines des Premières Nations et Listuguj Mi'gmaq Development Centre tous les renseignements détenus par Emploi et Développement Social Canada dans mon dossier actuel d'assurance-emploi et/ou dans mes dossiers précédents¹.

SIGNATURE _____ DATE: _____

«AUTHORIZATION TO PROVIDE INFORMATION TO A THIRD PARTY»

I, the undersigned, _____

Social Insurance Number _____

Hereby agree to provide the AFNQL's Quebec First Nation Human Resources Development Commission and the Listuguj Mi'gmaq Development Centre with any information held by Employment and Social Development Canada in my Employment Insurance current file and/or the previous file²

SIGNATURE _____ DATE: _____

¹ Entre autres renseignements, le taux du supplément familial

² Among other information, the family supplement rate



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DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize **Listuguj Education Directorate** to initiate automatic deposits to my account at the financial institution named below.

This agreement will remain in effect until the Listuguj Education Directorate receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

NEW STUDENTS: ATTACH THE ACCOUNT INFORMATION FROM THE BANK OR A VOIDED CHEQUE TO THIS FORM.

RETURNING STUDENTS: IF YOUR BANKING INFORMATION IS THE SAME AS LAST YEAR, CHECK HERE

Account Information

Student Name: _____

Name of Financial Institution: _____

Address: _____

Telephone Number: _____

Signature

Date