

**DEADLINE: JUNE 15TH**

ACADEMIC YEAR \_\_\_\_\_

DATE RECEIVED BY CMM \_\_\_\_\_

TO BE COMPLETED AND RETURNED TO

**THE CONFEDERACY OF MAINLAND MI'KMAQ**

~ ANNAPOLIS VALLEY ~ BEAR RIVER ~ GLOOSCAP ~ PICTOU LANDING ~  
MEMBER FIRST NATIONS

PO BOX 1590 TRURO, NOVA SCOTIA B2N 5V3 TEL: 902-895-6385 FAX: 902-893-1520

**POST SECONDARY EDUCATION ASSISTANCE PROGRAM APPLICATION**

**~ IMPORTANT NOTES ~**

BLANK SPACES ON THIS FORM WILL DELAY THE APPLICATION PROCESS  
A LETTER OF ACCEPTANCE FROM THE UNIVERSITY / POST SECONDARY INSTITUTION & THE APPLICANT'S TRANSCRIPT  
OF MARKS MUST ACCOMPANY THIS APPLICATION

RETURNING STUDENT  NEW APPLICANT (MUST ALSO COMPLETE PAGE 2)

SURNAME: \_\_\_\_\_ GIVEN NAME(S): \_\_\_\_\_

MALE  FEMALE BAND: \_\_\_\_\_ BAND NO.: \_\_\_\_\_ DOB: \_\_\_\_\_  
 NON-BINARY/TWO SPIRIT MM/DD/YY

PERMANENT ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TEL: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ TEL: \_\_\_\_\_

MARRIED – IF SO, EMPLOYED SPOUSE? CANADIAN RESIDENT? USUAL PLACE OF RESIDENCE:  
 SINGLE  YES  YES  ON RESERVE  
 OTHER  NO  NO  OFF RESERVE

EMAIL ADDRESS: \_\_\_\_\_

NAME (s) AND AGE (s) OF DEPENDENT CHILD(REN) (IF ANY):  
\_\_\_\_\_  
\_\_\_\_\_

UNIVERSITY / POST SECONDARY INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ NAME OF DEGREE / DIPLOMA / CERTIFICATE: \_\_\_\_\_

YEAR OF STUDY ENTERING (AS AT THE BEGINNING OF ACADEMIC YEAR APPLYING TO): \_\_\_\_\_ OF A \_\_\_\_\_ YEAR PROGRAM  
1<sup>ST</sup>/ 2<sup>ND</sup> (1,2,3...)

EXPECTED YEAR OF GRADUATION: \_\_\_\_\_

**CHECK ONE (1) LEVEL:** **CHECK ONE (1) STATUS:** **CHECK ONE (1) CATEGORY:**  
 LEVEL I (COMMUNITY COLLEGE / CERTIFICATE PROGRAM)  FULL-TIME  FALL  
 LEVEL II (UNIVERSITY UNDERGRADUATE / DEGREE)  PART-TIME  WINTER  
 LEVEL III (MASTERS / DOCTORATE)  INTERCESSION  
 SUMMER

I hereby accept the responsibility of satisfying the academic / training requirements of the Post Secondary Institution and the funding organization and agree to manage the education assistance funds in a reasonable and responsible manner. I further declare that the information contained herein is true and correct. I also understand that approval of my application is based on the accuracy of the information I have provided, and neglect on my part to immediately inform The Confederacy of Mainland Mi'kmaq of any changes to my file that may cause an overpayment, underpayment, or a significant alteration will result in the immediate suspension or discontinuation of my funding.

(SIGNATURE) STUDENT / APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR COMPLETION BY BAND EDUCATION COUNSELLOR**

RECOMMENDED:  YES  NO COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SIGNATURE) BAND EDUCATION COUNSELLOR \_\_\_\_\_ DATE \_\_\_\_\_

**FOR CMM USE ONLY**

APPROVED:  YES  NO COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

