



Phone: 519-445-2205 x3224

Fax: 519-445-4208

STUDENT SUPPORT/REIMBURSEMENT APPLICATION

Student Information

FIRST NAME: _____ LAST NAME: _____

Mailing Address: PO Box #: _____ RR #: _____ Blue Flag: _____

Road Name: _____

City: _____ Postal Code: _____

Home /Cell number: _____ Status Number: _____

Date of Birth: _____ Student Signature: _____

** Attach a Copy of Status Card **

School: _____

Must attach original receipts with this application

Purpose: _____

Amount: _____

Parent or Guardian of student(s) under the age of 18

I am aware that my child/ward has made an application for student support.

Parent Signature: _____ Print: _____ Date: _____

Co-op Program: Attach "Work Education Agreement" ONLY

- maximum of \$200 for transportation CODE - 44556-122SFA

Office Use Only: Copy of Status Card Attached Y: _____ N: _____

Notes:

Date Received:

Confidentiality Statement: For verification purposes, the Six Nations Council requires the above information for the Student Financial Assistance Program. By Law, the student, parent or guardian must consent to the release of this information to the Six Nations Band Membership Office and schools.