



Lac Des Mille Lacs First Nation

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APPLICATION FOR EDUCATIONAL ASSISTANCE
University, College and Post-Secondary Private Institution Entrance Programs

STUDENT INFORMATION

SURNAME:	GIVEN NAME:	PHONE:	
ADDRESS:	CITY/PROVINCE:	POSTAL CODE:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

STUDENT IDENTIFIER

Band code Family number Position number Birth date: ___/___/___ (d/m/y)

DEPENDENTS (From band list) ALLOWANCE CATEGORY (Please use page 5 for coding) RESIDENCE: On-reserve
 Off reserve
 Crown land

BILL C-31: YES NO CANADIAN RESIDENCE: YES NO

PREVIOUS UNITS: UCEPP (Prep. course) LEVEL 1 LEVEL 2 LEVEL 3

EDUCATION PLAN

ATTENDANCE: FULL-TIME PART-TIME QUALIFICATION SOUGHT: _____

TYPE OF PROGRAM: COLLEGE UNIVERSITY B.A. M.A. Ph.D. OTHER

PROGRAM COURSE: _____

INSTITUTION: _____ LOCATION: _____

MAJOR AREA OF STUDY: _____ LENGTH OF PROGRAM: _____ CURRENT YEAR OF STUDY: _____

INSTITUTIONAL ACCEPTANCE: _____ TRAINING DATES: FROM: ___/___/___
 CONTINUED CONDITIONAL FINAL YEAR TO: ___/___/___
 DATE OF GRADUATION: ___/___/___

I declare that the information entered on this form is true and correct.

SIGNATURE

APPLICATION DATE

(Office use only)	ESTIMATED COSTS	(Office use only)
FISCAL YEAR	200	200
TUITION		
BOOKS AND SUPPLIES		
TOTAL INSTRUCTION		
REGULAR LIVING ALLOWANCE		
SEASONAL TRAVEL		
OTHER COSTS		
TOTAL SUPPORT COSTS		

High school graduate Continuing From UCEP Mature or new student Priority

ADMINISTERING ORGANIZATION: **Lac des Mille Lacs First Nation Education Program**

APPROVED NOT APPROVED APPLICATION PLACED ON WAITING LIST

COUNSELLOR SIGNATURE

DATE

(Confidential when completed)