

**KAHNAWAKE EDUCATION CENTER**

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**POST-SECONDARY APPLICATION FORM****SEMESTER:** **FALL** \_\_\_\_\_ **WINTER** \_\_\_\_\_ **SUMMER** \_\_\_\_\_

Please note that a new application form is required each term/semester.

**SECTION 1 - STUDENT IDENTIFICATION**

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Band Number: (TEN DIGIT #) \_\_\_\_\_

Address/PO Box: \_\_\_\_\_ Town/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Quebec Permanent Code: \_\_\_\_\_ S.I.N #: \_\_\_\_\_

Email: \_\_\_\_\_ \* Mandatory for communication and information.

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Common Law \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Partner/Spouse's Full Name: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

**SECTION 2 - EMPLOYMENT INFORMATION**

Are you currently employed? No \_\_\_\_\_ Yes \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you receive any of the following benefits? \* Failure to accurately disclose employment and/or income benefits will result in termination of funding.

Employment Insurance (EI) \_\_\_\_\_ Social Assistance \_\_\_\_\_ Disability Insurance \_\_\_\_\_ Workman's Compensation (CSST/MSI) \_\_\_\_\_

**SECTION 3 - CURRENT APPLICATION**

Name of Educational Institution: \_\_\_\_\_

Program Major: \_\_\_\_\_ Student Identification Number: \_\_\_\_\_

Semester Start Date: (mm/dd/yyyy) \_\_\_\_\_ Semester End Date: (mm/dd/yyyy) \_\_\_\_\_

Entering Semester: \_\_\_\_\_ of \_\_\_\_\_ Semesters to Graduate: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**SECTION 4 - ACADEMIC HISTORY**

Last High School Attended: \_\_\_\_\_

Grade/Level Completed: \_\_\_\_\_ Diploma: No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_\_

Last Post-Secondary Institute Attended: \_\_\_\_\_

Certificate \_\_\_\_\_ Diploma \_\_\_\_\_ Degree \_\_\_\_\_ Date Completed: \_\_\_\_\_

I have an Individualized Education Plan (IEP) No: \_\_\_\_\_ Yes: \_\_\_\_\_

## SECTION 5 - DEPENDANTS

<u>Name</u>	<u>Relation</u>	<u>Birthdate</u> (mm/dd/yyyy)	<u>Lives with me</u> (yes/no)	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* I am the **SOLE** financial supporter of the above mentioned dependent(s):    Yes \_\_\_\_\_    No \_\_\_\_\_    (please initial) \_\_\_\_\_

## SECTION 6 - DECLARATIONS

### KAHNAWAKE EDUCATION CENTER

I undertake the following as conditions for sponsorship by the Kahnawake Education Center.

1. To attend classes regularly and consistently,
2. To consult with my counselor if any academic difficulties occur or should any of my information change,
3. To adhere to school regulations and meet the standard required by the school for the continuation of my studies,
4. To provide marks and reports to the Kahnawake Education Center as they become available,
5. To adhere to any rules and regulations as may from time to time be advised to me from the Kahnawake Education Center,
6. To have read and be aware of the Post Secondary policies and guidelines.

I understand that failure to comply with these conditions may result in termination of my Post Secondary funding.

\_\_\_\_\_ (please initial)

### KAHNAWAKE HUMAN RESOURCES DEVELOPMENT GROUP

I hereby declare that I have been made aware that any and all information provided by myself to the K.H.R.D.G. member organization can be shared and disclosed with other K.H.R.D.G. organizations for the purpose of verification of information; determining program/funding eligibility; to aid in statistical analysis and program design.

I hereby declare that all information provided by myself to any K.H.R.D.G. organization is accurate and true to the best of my knowledge. I understand that providing any false or misleading information, declaration or representation may result in the immediate cancellation of the registration and in the possible disqualification of eligibility for any funding, contributions and services, from the K.H.R.D.G organizations. I further declare that I will reimburse the appropriate organizations for any allowances paid in violation of the Agreement.

**I consent to the release of academic as well as other relevant information** to my sponsoring agency, the Kahnawake Education Center.

I understand that any and all information obtained will be used solely for the purposes outlined to meet the requirements of the Kahnawake Education Center's Post-Secondary Policy and Guidelines Manual.    Yes \_\_\_\_\_    No \_\_\_\_\_    (please initial)

I, the undersigned, attest that all of the above information is correct. I acknowledge that I am responsible for notifying the Kahnawake Education Center Post-Secondary Department of any changes to the above information and I understand that my file must be complete in order to receive Post-Secondary funding.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

<u>Required Documents</u>	<u>New Students</u>	<u>Returning Students</u>
Post-Secondary Application Form	✓	✓
Letter of Acceptance	✓	
Course Schedule	✓	✓
Previous Transcript (Secondary grades if entering CEGEP)	✓	✓
Tuition Receipt (if applicable)	✓	✓
Void Cheque	✓	
Enrolment Letter (Graduate Students)	✓	✓