

**APPLICATION RENEWAL  
POST-SECONDARY EDUCATION ASSISTANCE PROGRAM**

This is to certify that I, \_\_\_\_\_ (name), will be continuing my studies at \_\_\_\_\_ (name of institution), \_\_\_\_\_ (location), during the following period. (check one).

Fall Semester	start date (m-d-y)	end date (m-d-y)
Winter Semester	start date (m-d-y)	end date (m-d-y)
Spring Semester	start date (m-d-y)	end date (m-d-y)
Intersession	start date (m-d-y)	end date (m-d-y)
Work term	start date (m-d-y)	end date (m-d-y)

Signature: \_\_\_\_\_ Date: (m-d-y) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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**FOR OFFICE USE ONLY**

**THIS IS TO CERTIFY THAT THE APPLICANT MEETS ALL THE REQUIREMENTS FOR FUNDING UNDER MAMU TSHISHKUTAMASHUTAU - INNU EDUCATION POST-SECONDARY EDUCATION ASSISTANCE PROGRAM.**

Signature	DATE: (M-D-Y)
Approved for funding? YES NO	DATE: (M-D-Y)

## Conditions for Sheshatshiu Innu PSEA Program Funding

I do hereby confirm that I am applying for financial assistance and I accept the following conditions:

1. To meet the requirements of the institution for continuation of my studies.
2. To provide transcripts or statements of performance to MTIE at the end of each semester or at scheduled evaluation times.
3. To report any changes to my student and/or program status to MTIE immediately.
4. To manage the assistance in a responsible manner.
5. To obtain a copy of the MTIE Student Handbook and to read and understand it thoroughly.

applicant's signature: \_\_\_\_\_

date: (m-d-y)        \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SIFN Personal Information (Student)

Name	Date of Birth (m-d-y)
Address	Status Number
Phone Number	Social Insurance Number
(____) _____ - _____	_____ - _____ - _____

Funding Department: \_\_\_\_\_

Start Date: (m-d-y) \_\_\_\_\_

End Date: (m-d-y) \_\_\_\_\_

G/L Code	Amount

Name of Bank	
Transit Number	
Branch Number	
Account Number	

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_