

MÉTIS NATION OF ONTARIO

# BURSARY

## APPLICATION FORM



**Métis Nation of Ontario**  
Education and Training

Métis Nation  
of Ontario 

# Instructions:

01. All sections must be fully completed in order for your application to be considered.
02. Students must meet the following requirements in order to be eligible for bursary assistance.
03. Completed applications should be submitted to the
04. The bursary does not have to be paid back but it is considered taxable income.

## Please fill out the following:

STUDENT NAME: \_\_\_\_\_

STUDENT #: \_\_\_\_\_  
(if applicable)

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

BURSARY NAME: \_\_\_\_\_  
(Name of community council or institution)

BURSARY OFFERED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.I.N. # \_\_\_\_\_  
D/M/Y

PROGRAM NAME: \_\_\_\_\_  
(if applicable)

PROGRAM YEAR: 1st 2nd 3rd 4th CAMPUS: \_\_\_\_\_  
(if applicable)

Métis Nation of Ontario Citizen: ☐ Yes ☐ No

If yes, please give card #: \_\_\_\_\_  
(if you are not a citizen of the MNO and you are applying for a Métis community council bursary you may provide a parent or grandparent's MNO citizenship card #. Please indicate their full name and relationship to you on the same line.)

If no, please read and sign if you agree with the following statements:

- ☐ I hereby affirm that I am Métis  
☐ I reside in the Province of Ontario  
☐ I am not registered as an Indian under the Indian Act or as an Inuk on an Inuit registry.

**Privacy and confidentiality Policy and Authorization for use of information:** This information is used to determine program eligibility. The Métis Nation of Ontario may disclose such information where we are legally authorized to do so. All information collected will be kept strictly confidential and will be protected.

**STUDENT CONSENT:** If awarded a bursary, I hereby grant permission for my name to be used by the Métis Nation of Ontario and/or the post-secondary institution for the purpose of promotion and marketing of the bursary program

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**PARENTAL CONSENT:** If the applicant is under the age of 18

\_\_\_\_\_  
Parent Signature

# School Year Budget

This budget is based on the following study period:

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year                      Day/Month/Year

RESOURCES		EXPENSES	
Bank balance at beginning of term including savings from work-term	\$	Tuition and compulsory fees	\$
Parental contribution	\$	Books/supplies/instruments/tools	\$
Spouse's net income \$ _____ x _____ mths	\$	Transportation: local and home	\$
Academic awards	\$	Rent: \$ _____ x _____ mths	\$
Total OSAP	\$	Utilities: \$ _____ x _____ mths Phone: \$ _____ x _____ mths	\$
Net part-time earnings	\$	Food: \$ _____ x _____ months	\$
Other income: (Ontario Works, ODSP, Child Tax Benefit, etc.)	\$	Personal Hygiene: \$ _____ x _____ months	\$
Other Métis funding (MNOET, etc.)	\$	Child care	\$
Support Payments	\$	Clothing	\$
Gifts	\$	Laundry: \$ ____ x ____ mths	\$
Investment income	\$	Entertainment: \$ ____ x ____ mnths	\$
Other resources: (please specify)	\$	Uninsured medical/dental (Receipts required)	\$
TOTAL RESOURCES FOR SCHOOL TERM	\$	TOTAL EDUCATION EXPENSES	\$
FINANCIAL ASSISTANCE NEEDED (Resources minus Expenses)	\$		

Declaration: I declare that the information provided on this application is accurate and a true statement of my financial position.

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

## Métis Nation of Ontario Bursary Award

### **Essay** (if you are applying for a Post-Secondary Bursary or if applicable)

Please answer the following questions:

1. Why are you interested in your area of study?
2. Describe how your studies will contribute to your future employment/employability?

If you are applying for a Métis Community Council Bursary, please answer the question provided to you by your Council.