

Métis Nation of Ontario

Please fill out the following:

STUDENT NAME: _____

STUDENT #: _____

ADDRESS: _____

EMAIL _____ TEL: (____) _____

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

PROGRAM NAME: _____

PROGRAM YEAR: 1st 2nd 3rd 4th CAMPUS: _____

Métis Nation of Ontario Citizen: Yes No

If yes, please give card #: _____

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 collected under the authority of the Aboriginal Skills and Employment Training Strategy (ASETS). It is used to determine program eligibility and to fulfill contractual obligations with Human Resources Skills Development Canada (Service Canada), and may be shared with Canada. 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
