



POST-SECONDARY ASSISTANCE APPLICATION
Due by May 1, 2025, to Lennox Island Band Office

Please include:

- letter of acceptance
- most recent transcripts

Name of Student _____

Student home mailing address _____

Phone number of Student _____

Type of Living accommodations while attending school

- _____ Living within my parents'/guardians' home or property
- _____ Living in an apartment or house not owned by my parents/guardians.
- _____ Living in accommodations available through the school where I will be attending.

Mailing Address and Phone Number While Attending School (if different from home address)

Active e-mail address _____

Name of College / University Attending _____

Address of College / University

Name of Program of Study _____

Length of Program in Years _____

What year of your program are you in _____

Marital Status: _____ Married ___ Single

Number of Dependents _____

Indian Registry Number: _____ - _____

Date of Birth of Student (Year/Month/Day): _____ / _____ / _____

OFFICE USE ONLY

Date Received _____

Living Expenses for Post-Secondary Support

Maximum monthly support

(A) Single student living at home \$290/month

(B) Single student (not at home)
with no dependents \$675/month

(C) Single student (in residence)
Room & meal plan paid in full

(D) Student with dependents:

* With 1 dependent \$1,045

* With 2 dependents \$1,205

* With 3 dependents \$1,355

* An additional \$50 per month for each additional dependent

- A dependent for this policy is defined as a person, other than a dependent spouse who resides with and is dependent upon the student, **under the age of 18** and who does not receive income above \$5,000.00 per year.

Post-Secondary Students List of Dependents

*** youth under the age of 18 in your care/custody**

Dependent's Name	Age	Relationship to Funded Student
_____	_____	_____
_____	_____	_____
_____	_____	_____



LENNOX
ISLAND
FIRST NATION