



Sagamok Anishnawbek

P.O. Box 610

Massey, Ontario, Canada

P0P-1P0

Telephone (705)-865-2421

Facsimile (705)-865-3307

Toll Free (800)-567-2896

Responsibilities of Student Contract

This is to confirm that I accept funding for Educational Assistance under the following conditions and that I am prepared to:

1. Provide all achievement records and transcripts for each semester.
2. Attend all classes full-time.
3. Undertake four (4) courses per semester or meet the school's criteria for full time student status.
4. Inform immediately the Institution and Education Department if I withdraw from my program.
5. Inform and ask permission from the Education Department for any program changes or if dropping any courses.
6. Understand that the Education Department has the right to discontinue my sponsorship if my marks are not submitted or no progress shown.

I understand that the Sagamok Anishnawbek will continue to fund me as long as I am progressing to the satisfaction of the school and the Education Department. And that if one or more of the above conditions are not met, financial assistance will cease.

I have read the above conditions and understand them.

DATE

X _____
SIGNATURE OF STUDENT