



Manitoba Metis Federation Inc. **Local Achievement & Success Award** **Post Secondary Information**

Applicant Information (please print)

Surname		First Name		Second Name or Initials	
Address		City	Province	Postal Code	
Telephone		Gender (M/F)	Age	Birth date (YYYY/MM/DD)	
Email	Social Insurance Number		MMF Membership Number		
Parent/Guardians Names					
Volunteer Work (example: Metis Night, Bingo's, Meat Draws)					

Post-Secondary Institution Information (please print)

Name of Post-Secondary Institution you plan to attend				
Address		City	Province	Postal Code
Telephone				
Name of Program			Length of Program	
Student Registration Number		Start Date (YYYY/MM/DD)		
Applicants Signature		Date		

For Office Use Only: To be completed by MMF Local

Local Executive Name (please print)	Local Executive Signature)
Date	

- IMPORTANT-

Return this application with a copy of Course Acceptance, Consent form, and a photocopy of your Metis card