



Ahkwesāhsne Mohawk Board of Education

P.O. Box 819, Cornwall, Ontario K6H 5T7
Tel: (613) 933-0409 Fax: (613) 933-9262



Student: Complete your name and date of birth. Submit to the MCA OVS for verification of membership status.

**MOHAWKS OF AKWESASNE
Membership Confirmation**

PART I: STUDENT INFORMATION

Name: _____

Date of Birth: _____

Registry Number: _____

I have applied to the Ahkwesahsne Mohawk Board of Education Post-Secondary Assistance Program. The Board will need additional membership information as listed in part II before assistance can be determined. When complete, please forward to the Board Office.

Student Signature: _____

PART II: STATUS OF MEMBERSHIP

- Member under Akwesasne Membership Code**
- Probationary member under the Akwesasne Membership Code**
Expiration Date of Probation Period: _____
- Not a member under Akwesasne Membership Code**

Manager/Membership Officer
Office of Vital Statistics

Date