



# Iohahi:io Application

Along with the completed Iohahi:io application please submit the following documents to the Iohahi:io office in TsiSnaihne:

- Copy of high school diploma or GED  
Make sure scores are attached to GED
- Official high school/college transcripts
- Photo I.D/Status card
- Canadian social insurance card

For social insurance card please bring in the actual card. Numbers alone will NOT be accepted.

It is the responsibility of the applicant to submit all documents mentioned. Missing documents will delay the process of your application. If you have any questions or for more information call Iohahi:io (613) 575-2754. Fax: (613) 575-1478.



# Application for Admission

IOHAHI:IO  
 Akwesasne Adult Education  
 16 Iohahi:io Road, Akwesasne, QC H0M 1A1  
 Phone:(613)575-2754 Fax:(613)575-1478

Program Applying For: \_\_\_\_\_

## General Information

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Canadian Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F S.I.N.: \_\_\_\_\_

Name as it appears on SIN Card: \_\_\_\_\_

Are you a member of the Mohawks of Akwesasne? Y N Membership #: \_\_\_\_\_

If no, which First nation are you a member of? \_\_\_\_\_

Do you have any health problems? Y N

If yes, please describe: \_\_\_\_\_

Do you have access to transportation? Y N

**NOTE:** Please provide the Adult Education Program with a copy of your HIGH SCHOOL and/or COLLEGE transcripts and a copy of your PHOTO ID.

### FOR OFFICE USE ONLY

Transcripts <input type="checkbox"/> Photo ID. <input type="checkbox"/> Mem. Conf. <input type="checkbox"/> Verification of SIN Name & # <input type="checkbox"/>	Application Rec'd Date: _____ Taken By: _____ Assessment Date/Time: _____ Assessed by: _____ Assessment Info: _____ Interview Date/Time: _____ Interviewed by: _____ Accepted Y N Start Date: _____ SIN Verified by _____
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## Education

Do you have a high school diploma? \_\_\_\_ if yes, from?  Ontario  N.Y.S.  G.E.D.  Other

Name of High School: \_\_\_\_\_

If not, what is the highest grade you have completed? \_\_\_\_\_

Do you have a College or University Degree or Diploma? Y N

In what field? \_\_\_\_\_

If you have credits from a College or University, please list. \_\_\_\_\_

Have you taken any Training Courses? Y N What type? \_\_\_\_\_

Where: \_\_\_\_\_ Length: \_\_\_\_\_ Did you receive a certificate/Diploma? Y N

## Work Experience

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Duties: \_\_\_\_\_

## Previous Accomplishments And Expectations

Please describe some of the qualities that you feel make you a suitable candidate for the course of study that you are applying for.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve or gain upon completion of this program? \_\_\_\_\_

What steps do you plan to take next after completing your studies at Iohahi:io? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Client Release of Information Form

I, \_\_\_\_\_, give consent to release my name, telephone number, information regarding performance and attendance in the Adult Education Course to potential employers who are seeking candidates for employment, as well as funding, social assistance agencies, educational institutions. In addition, I give consent to release my personal information and/or photograph to Iohahi:io Akwesasne Adult Education for promotional purposes for internal and/or external publications.

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Signature

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Date

**Mohawks of Akwesasne Adult Education**  
**MEMBERSHIP CONFIRMATION**

**To be completed by the student**

<p><b>Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Indian Registry Number:</b> _____</p> <p>I have applied for admission to the IOHAHI:IO Akwesasne Adult Education Program. The program will need additional membership information before the application can be processed. By signing this form I give permission for the Office of Vital Statistics to release this information to the IOHAHI:IO Akwesasne Adult Education Program. Please return completed form to the Secretary at IOHAHI:IO Akwesasne Adult Education.</p> <p><b>Student Signature:</b> _____</p> <p><b>Date:</b> _____</p>
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**To be completed by the Office of Vital Statistics**

<p><b>Membership under Akwesasne Membership Code:</b> _____</p> <p><b>Probationary member under the code:</b> _____</p> <p><b>Expiration Date of Probation:</b> _____</p> <p><b>Not a Member Under the Akwesasne Membership Code:</b> _____</p> <p><b>Office of Vital Statistics Signature:</b> _____</p> <p><b>Date:</b> _____</p>
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