



Nuu-chah-nulth Tribal Council Post Secondary Funding Application

PO Box 1383, Port Alberni, BC, V9Y 7M2, Tel: (250) 724-5757, Fax: (250) 724-9682

Thank you for expressing your interest in pursuing post-secondary sponsorship through the Nuu-chah-nulth Tribal Council. Below is a list of items that are required to complete general applications.

New Students

Submit the following in order to have your application considered for funding:

- Signed Funding Agreement
- 2015 Tax Assessment Summary for yourself and your spouse (only if you have dependents)
- Consent to Release Information
- NTC Direct Deposit Form
- Void Cheque or Direct Deposit Notification Form (only needed from new students and continuing students if your banking information has changed)
- English Assessment
- Math Assessment
- Acceptance Letter
- 5 Job postings or offer of employment (Technical Vocational Training, TVT, Funding only)

Continuing or Returning Students

Submit the following in order to have your application considered for funding:

- Signed Funding Agreement
- 2015 Tax Assessment Summary (only if you have dependents)
- Consent to Release Information
- NTC Direct Deposit Form (only if your banking information has changed, or you haven't been sponsored in the past year)
- Void Cheque or Direct Deposit Notification Form (only needed from new students and continuing students if your banking information has changed)
- Most Recent Transcripts
- Acceptance Letter (only if you are a returning student)
- Record of Degree Completion (RDC); indicates the student's plan to satisfy the requirements for their degree (for students in their 3rd year of post-secondary studies, not including upgrading)
- 5 Job postings or offer of employment (Technical Vocational Training, TVT, Funding only)

Important Note: Any institution tuition deposits that are required prior to a student's application being approved need to be covered by the student and will be reimbursed once the student's application is approved.

Fax: (250) 724-9682

Email: Charlene Miller, NTC Post-Secondary Counsellor, psinfo@nuuchahnulth.org

Mail: PO Box 1383, Port Alberni, BC, V9Y 7M2

If you have any questions please call the Post-Secondary department at (250) 724-5757 or toll-free at 1-877-677-1131.



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APPLICATION DEADLINE DATES	
CHECK APPLICABLE MAKE ONLY ONE SELECTION	PROGRAM START DATE MAKE ONLY ONE SELECTION
<input type="checkbox"/> MARCH 1 ST	<input type="checkbox"/> FALL (SEPTEMBER) ENROLLMENT
<input type="checkbox"/> AUGUST 1 ST	<input type="checkbox"/> WINTER (JANUARY) ENROLLMENT

Part One: Student Information

Birth date (i.e. May 10, 1973)	
Last Name	Previous Last Name(s)
First Name	Previous First Name(s)
SIN (Social Insurance #)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
First Nation	
IRN (Indian Registry / Status Number)	
Mailing Address	Other Contact Information
Address	Phone #
City	Cell #
Province, Country	E-mail address
Postal Code	
Are you moving away from your permanent address to a temporary address to attend Post Secondary studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part Two: Dependent Information

Name	Relationship (spouse, son,	Birth date (i.e. November 2,	Gender
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F



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Part Three: Financial Information , if claiming dependents			
Personal Income	\$	Spousal Income	\$
Household income per year is (check	<input type="checkbox"/> less than \$15,000 <input type="checkbox"/> \$15,000 to \$19,999 <input type="checkbox"/> \$20,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$39,999 <input type="checkbox"/> \$40,000 and over		
IMPORTANT: Does your program require additional supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate approximate cost and attach supporting documentation: \$			
Have you received a "Passport to Education"? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the value of your passport to education? \$			

Part Four: Institution and Program Information			
Institution and Campus		Student Number	
Program		Online Account/Password	
Year of Study		Program Length	
Program Type/ Level	<input type="checkbox"/> UCEPP (College Prep/ABE)	PSSSP-LEVEL 1 <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma	PSSSP-LEVEL 2 Undergraduate degree program <input type="checkbox"/> BA <input type="checkbox"/> BSc <input type="checkbox"/> BEd Other : _____
	PSSSP-LEVEL3 <input type="checkbox"/> Advanced or <input type="checkbox"/> Professional Degree Programs or <input type="checkbox"/> Master's Program	PSSSP- Level 4 <input type="checkbox"/> Doctoral Program	Enrolled in: <input type="checkbox"/> Full-time Studies <input type="checkbox"/> Part-time Studies
Semester Funding (please check all that apply) <input type="checkbox"/> Sep - Dec <input type="checkbox"/> Jan - Apr <input type="checkbox"/> May – Aug <input type="checkbox"/> Other dates (specify): _____		Student Type (check one) <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Returning <input type="checkbox"/> Technical Vocational Training (TVT)	



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Part Five: Other Information	
Disability Status (check one)	<input type="checkbox"/> Long Term Disability <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Not On Disability <input type="checkbox"/> Learning Disability
Have you submitted the required disability documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been a resident of Canada for the past 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Part Six: Additional Educational Information	
What is the highest level of education you have completed (list any courses, certificates, diplomas that you have completed up to this point): <input type="checkbox"/> ABE or Upgrading <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> BA/BSc/LLB <input type="checkbox"/> MA, LLM <input type="checkbox"/> PhD <input type="checkbox"/> PDP <input type="checkbox"/> Other: _____	
Have you been previously sponsored by NTC for Post Secondary or TVT? If Yes, please provide us with details such as dates, institution, program name, transcript.	
For the upcoming funding year, I plan to complete the following courses / year of program:	
My Long Term Goal is (provide as much detail as possible):	
Have you taken any dual credit courses? If yes, please name them and outline wo the dual credit was through.	
Have you ever been "Suspended" from NTC P/S funding or on "academic probation"? If so, what have you done since that time to help ensure you are more successful?	

I provide my consent to allow the NTC Post Secondary office to request information from MCFD, Usma, MEIA and NTC Social Development program for the sole purpose of determining eligibility for P/S funding.

I confirm that the above information provided is complete and accurate. I accept responsibility for satisfying the academic requirements of the above institution and managing the education funds to the best of my ability.

Student Signature

Date

NOTE: You will receive a letter outlining information needed to complete your application. This letter will arrive within 9 weeks of the application deadline. If you do not receive this letter, please contact our office.



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Funding Agreement

Your responsibilities are:

1. Meet with the NTC P/S Counsellor and ensure the school and program you have chosen to attend or are attending is the best choice to fulfil your educational goals.
2. To attend class on a regular basis. Continual absence may result in failing grades and your funding being suspended.
3. **Complete all NTC sponsored courses and programs with a minimum “C” grade or better and who are meeting the requirements of the institution.** Failed and/or incomplete courses will NOT be paid for by Nuu-chah-nulth Tribal Council Post-Secondary Program.
4. **Students in their first year of funding are required to maintain a course load of three (3) courses and/or nine (9) credits with a minimum of a “C” grade or better and who are meeting the requirements of the institution , will remain on probation to continue receiving funding.**
5. **Continuing students are to maintain a course load of four (4) courses and/or twelve (12) credits per semester and maintain a minimum of a “C” grade or better and who are meeting the requirements of the institution to continue receiving funding.**
6. **Students in their first year of funding must provide an interim report for all courses no later than the sixth week of their first term. No further funding will be released until this report is received.**
7. To submit both an interim report (unofficial transcript) and an official transcript according to the schedule provided as part of your approval package:
8. To comply with the Nuu-chah-nulth Post Secondary Policy and Procedures (available online @ www.nuuchahnulth.org).

I, _____, have read and understand the above and agree to these conditions and requirements. Further, I understand that failure to fulfil these requirements and conditions may result in my funding being suspended.

Student Signature

Date



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NTC P/S CONSENT TO RELEASE INFORMATION

Personal Information			
First Name		Last Name	
SIN (Social Insurance #)			
Mailing Address		Institution Information	
Address		Institution	
Phone #			
City		Student #	
Province, Country		Institution	
Postal Code		Address	

- A. I provide my consent to allow the Nuu-chah-nulth Post Secondary Education department to request copies of information from the Educational Institution listed above for the sole purposes of determining my eligibility for Post Secondary Funding.
- B. I provide my consent to allow the Nuu-chah-nulth Post Secondary Education department to request copies of information from the Ministry of Children and Family Development and the Usma Child and Family Services program for the sole purposes of determining my eligibility for Post Secondary Funding.
- C. I provide my consent to allow Nuu-chah-nulth Post Secondary Education department to share information about my P/S or TVT funding with my First Nation.
- D. I provide consent to allow the Nuu-chah-nulth Post Secondary department to discuss my funding application and file with:
 - my parents and/or guardian Name: _____
 - Nuu-chah-nulth Employment and Training Program
 - Other _____

Signature _____

Date _____

For Office use Only:

The Nuu-chah-nulth Post Secondary Education Department is requesting the following information as permitted by the above signed Consent to Release Information Form:

Transcripts for the period between _____ and _____

Other: _____

Please forward the information to the following:

Mail: PO Box 1383, Port Alberni, BC, V9Y 7M2

Fax: (250) 724-9682 or (250) 723-0463

Email: psinfo@nuuchahnulth.org



Nuu-chah-nulth Tribal Council

Direct Deposit – Post Secondary

Student's Name: _____

I hereby authorize the Nuu-chah-nulth Tribal Council to deposit to the account indicated below.

 Signature Date

 Email address

Payment advices will be emailed if an address is provided; otherwise a copy will be retained in our records for pickup.

Name of Bank:
Bank Address:
Bank Phone Number:
Account Number:
Bank Number:
Transit Number:
Sample Void Cheque Attached? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No

The NTC is not responsible for inaccurate or incomplete bank information that results in delayed payment.

