



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

APPLICATION DEADLINE DATES (Check applicable one only)

FALL (SEPTEMBER) ENROLLMENT JANUARY 31ST, _____

WINTER (JANUARY) ENROLLMENT AUGUST 1ST, _____

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			

Part Two: Dependent Information		
Name	Birth date (i.e. November 2, 2006)	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

Part Three: Financial Information (MUST Submit Most Recent Income Tax Return)			
Personal Income	\$	Spousal Income	\$
Household income per year is (check one)	<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		
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? \$			



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Part Four: Institution and Program Information			
Institution			Student Number
Program			Online Account/Password
Year of Study			Program Length
Program Type	<input type="checkbox"/> College Prep <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> BA <input type="checkbox"/> LLB	<input type="checkbox"/> BSc <input type="checkbox"/> MA, LLM <input type="checkbox"/> PhD <input type="checkbox"/> PDP <input type="checkbox"/> Other	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): _____ _____
Enrolled in	<input type="checkbox"/> Full-time Studies <input type="checkbox"/> Part-time Studies		
Student Type (check one) <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Returning <input type="checkbox"/> Technical Vocational Training (TVT)			

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
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 (new students)? <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):
For the upcoming funding year (Sep to Aug), I plan to complete the following courses / year of program:
My Long Term Goal is (provide as much detail as possible):
Have you ever been on a "Term On Your Own" or academic probation? If so, what have you done since that time to help ensure you are more successful?

Attachments needed for New Students:
 English Assessment
 Math Assessment (where required for entry into program)

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



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Funding Agreement:

Your responsibilities are:

1. Meet with the NTC P/S Counsellor or Advisor 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. Failed and/or incomplete courses will NOT be paid for 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 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 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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CONSENT TO RELEASE INFORMATION

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

Signature _____

Date _____

- A. I provide my consent to allow the Nuu-chah-nulth Post Secondary Education Office 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 Office 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.

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



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POST SECONDARY LIVING ALLOWANCE - DIRECT DEPOSIT FORM

***Only new, returning and/or students who have changed their banking information are required to complete and submit this form.**

Name:	
Address:	

Check one of the following options:

- I hereby authorize the Nuu-chah-nulth Tribal Council to deposit to the account indicated below.
- I do NOT wish to have my cheques direct deposited, please mail them to the address indicated above.

Name of Bank	
Bank Address	
Bank Phone Number	

*** Please provide a direct deposit notification from your bank or attach a "VOID" cheque. The NTC Post Secondary department is not responsible for inaccurate or incomplete bank information that results in delayed funding.**

Student Signature

Date