

NANOOSE FIRST NATION

Education Program 111 Snaw-Naw-As Road Lantzville, B.C. V0R 2H0

Phone: (250)390-3310 Fax: (250)390-1537 email: education@nanoose.org

Application for Post-Secondary Student Support Program 2019-2020

This form is used to determine eligibility; incomplete applications may cause delays. Application is for Programs in the 2019-2020 fiscal year (April 1, 2019 – March 31, 2020)

Applicants must inform the Nanoose First Nation Education Program of any changes. Applications are due by April 15 of each year for assistance for the current and upcoming academic years. Students are encouraged to explore all funding options that may be available to them. Nanoose First Nation receives limited funding for post-secondary student support.

Cartina A Assetta			
Section A – Applica	nt information (p	lease print) Date	Received by Ed. Prog:
Type of Application: All new applicants comp If no, when do you expec	lete this Part:Have yo	ou applied for entrance	ge of Information 17YN Acceptance letter attached:Y N
Please note: Agreements	s for funding assistar	ice cannot be signed g	orior to official acceptance into a program.
, and the second	•		
Legal Last Name	<u>.</u>	First Name	
Legai Last Name		First Name	Middle Name
		(also knowi	n as)
Date of Birth: Year	•	_ Month:	Day:
Band Registry (State Photocopy of Status	us) Number: s Card Y N _	Status verified	by NFN Membership Clerk Y N
Student Number:			Pin Number:
Mailing Address:	·		
	Street Number	Street Name	P.O. Box Number
	-		
	City	Province	Postal Code
Telephone ()	Cell Pho	one: ()
Telephone message	s: ()	,,,	(if different than above numbers)
Email Address:			
What is the best wa	y to contact you	?	
Residency for the pa	ast 12 months pri	or to application:	

M2 Married stude	•		
Spouse's Name:		Date of Birth:	
Number of Dependents: _	For definition	ı of dependent refer t	o Canada Student Loans
	Loans	website	
Last Name:	First Name:	Date of Birth Yr – Mo – Day	
	titution Information	(Please print)	
Section B - Program/Ins	titution Information // Other Post-Seconda	(Please print) ry Institution	
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Section B - Program/Ins	titution Information // Other Post-Seconda	(Please print) ry Institution	
Section B - Program/Ins Name of College/University Address:	titution Information // Other Post-Seconda	(Please print) ry Institution	
Section B - Program/Ins Name of College/University Address: City Telephone:	titution Information // Other Post-Secondal Province Fax:	(Please print) by Institution Postal Code	
Section B - Program/Ins Name of College/University Address:	titution Information // Other Post-Secondar Province Fax:	(Please print) Ty Institution Postal Code Qualification sou	ıght:
Section B - Program/Ins Name of College/University Address: City Telephone: Program/course title: Start Date: Yr: Mo: City	titution Information // Other Post-Secondar Province Fax: Fax: End Date: Yr:	(Please print) Ty Institution Postal Code Qualification sou	i ght:
Section B - Program/Ins Name of College/University Address: City Telephone: Program/course title: Start Date: Yr: Contact person:	titution Information // Other Post-Secondar Province Fax: Fax: End Date: Yr:	(Please print) Ty Institution Postal Code Qualification sou Mo: Day: Title:	ight: Completion Year:

List of Courses: Please	send in the information from y	our program
April -Aug	2019	Jan-April2020
Cost per course:	or cost pe	r credit

Estimated Costs	Current Year (April 1, 2019 Mar 31, 2020)	Next Year (April1, 2020-Mar 31, 2021
Student fees etc.		
Tuition		
Books and Supplies		
Other Anticipated costs eg.: Rent Hydro Food Bus Clothing Transportation Child Care		
Total estimated Costs per year (Sept-April)		
Less other income		
Less student contribution		
Total Financial Need Request		

Please note that a projected budget is a working budget for your purposes. Funding available through the Post-Secondary Assistance program may or may not meet your needs as a student.

Students are encouraged to explore other means of funding assistance. Most post-secondary institutions have a financial assistance office. **Educational Learning Challenges and/or Disabilities** If you have ever had a diagnosed learning disability, or have needed extra help with language arts, such as reading and comprehension or with math, please include documentation and an explanation of the assistance you have received. If this is a continuing learning condition, please provide specific information. This information is to assist you with the help you may require as you go forward with your educational goals. Most post-secondary institutions require documentation that is less than five years old. If your documentation is five years or older, you may need to make arrangements for retesting. Your post-secondary institution will have a program that can assist you. Please make arrangements for an appointment with the program staff so that you can discuss your needs. An advisor from your post-secondary institution will be able to help you with finding the right department and the right staff for your particular situation. Information in regards to Learning Challenges and/or Disabilities: Record of your most recent activities: ___ Attending Secondary School ___ Attending College/University/Technical School Employed in Labour force (full time) ____ Upgrading (UCEP/ABE) Employed (part time) ___ Parenting Other Section D – Education History Presently Attending? _____ Date Last Attended: _____ Name of Last Secondary School Attended Did you graduate? Y____ N____ Year: ____ Location School District Education and Training: List all courses and training. Attach transcripts/ supporting documentation. Please attach additional paperwork if more space is needed. Name of School/ Location Dates of Area of Grade/certification Completed? Institution Attendance Study/Course Diploma/Degree NO Yes Funding: Have you received Post-Secondary Funding Assistance from Nanoose First Nation?

Year(s)	Program(s)
Documentation of completion? Y N	<u> </u>
Number of months funded living allowance assistan	ce previously funded:
be denied through the Nanoose First Nation Post-So	programs must be adhered to. If your program or guidelines, your request for financial assistance may
Signature of Applicant:	
Date:	
For Office Use: Fiscal Year	Fiscal Year
Tuition costs:	
Books and Supplies:	
Living Allowance: months @ \$ per month	Starting: ending:
Or installments @ \$ per month	
Travel Assistance:	
Total Costs: \$	

Post Secondary Funding Application Check-List

Your application for Post-secondary funding requires the following documentation. Please use the check-list to ensure that your application is complete. If you are currently enrolled in classes and you will be forwarding your transcripts as soon as they are available, please indicate the approximate date you will be forwarding them.

1.	Letter of request explaining your long term and short term goals and your specific request for funding assistance including your specific budget request
2.	Post-Secondary Application Form (this form)
U	A copy of registration form/ acceptance letter and a copy of the College's or niversity's program from Calendar. Please include a list of textbooks for your purses if you are requesting assistance with books and supplies
5.	Transcript(s) or Anticipated date for forwarding transcripts
st in: ye th ap	If you have special circumstances, such as a disability, please provide information. Some students require assistance in addition to the usual supports provided to udents. Students who may qualify for disability assistance from the post-secondary stitution are usually required to show documentation that is dated within the past five ears. If you have any questions in regards to this part of the application, please contact a Nanoose First Nation Education Coordinator. You may also wish to make an epointment with the disability services of the post-secondary institution in order to find at what services are available to students.
	Documentation provided