



**Stó:lô Nation Education
Community Development Department**

Bldg. #5 - 7201 Vedder Road
Chilliwack, B.C. V2R 4G5
Tel: 604 847 3299 Fax: 604 858 4741

2011 - 2012 Post Secondary Application Form

Student name: _____

Address: _____

Telephone: _____

Checklist

- 1. Confirmation of Student Registry (*copy of valid Status card*) page 2**
- 2. Letter of acceptance into a certificate, diploma or degree program**
- 3. Letter of Goals & Resume (*attachments to be provided by student*)**
- 4. Official Transcripts – new students (*grade 12 graduation*)**
- 5. Official Transcripts - continuing students *from last year*.**
- 6. Declaration of Residency (*Declaration of Canadian Residency, page 3 - Terms and Conditions: Student Authorization, Consent Form*).**
- 7. Marital status information (*spouse, dependant children & spouse income*).**
- 8. Names & relationship of dependants claimed.**
- 9. Previous Education history (*Secondary High School & Post Secondary*).**

APPLICATION FOR EDUCATIONAL ASSISTANCE 2011 - 2012

Student: _____

Confirmation of Eligibility – Registered Indian or Inuit

Registry Name: _____ _____ (Surname, First, Middle)	Birth Date: _____ S.I.N. _____
Preferred name: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Also known as: _____	Living: On Reserve: <input type="checkbox"/> Off reserve: <input type="checkbox"/>
Registry Number: _____	
Band of Registry: _____	

Marital Status & Information: (please circle)

<input type="checkbox"/> Single	<input type="checkbox"/> Married	Spouse's Name: _____
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	Birth date: _____
<input type="checkbox"/> Separated	<input type="checkbox"/> Common Law	Registry #: _____
		Spouses yearly income: _____

Dependant Children Residing with Student: (additional children on separate sheet)

Name(s)	Birth Dates	Band	Registry #:

Previous Education history:

Last high school grade completed _____ Year Completed: _____

Name of school: _____ Location: _____

Previous Post-Secondary Education (College/University)

Program	Institution	Location	Completion date

**Student Authorization and consent form &
Declaration of Residency in Canada**

Student: _____

Post-Secondary Institution: _____

Address of Post-Secondary Institution: _____

Phone: _____ Fax: _____

Program accepted/registered into: _____

Length of Program in years: _____ Current year of study in program: _____

I _____ will attend the above Post-Secondary Institution & Program for the 2010 – 2011 Academic terms/semesters.

I agree to the following terms and conditions. I will/do:

- 1) Declare that I meet Canadian Residency requirement (*resident in Canada for 12 months immediately prior to this or my first application for Post Secondary Student Support*) (Date of first application _____)
- 2) Attend all classes scheduled & complete all assignments for my program
- 3) Submit Student Monthly Renewal Declarations each month
- 4) Inform immediately Stó:lô Nation Education Department of any & all changes that affect the status of my program or application
- 5) Achieve a C+ grade or higher in all classes to the best of my ability.
- 6) Submit to Stó:lô Nation Education a statement of grades as soon as possible at the end of the initial terms then Official Transcripts after the Academic year
- 7) Agree to the release of information by the Post Secondary Institution to the Stó:lô Nation Education regarding my registration, attendance, progress & effort at their request.

I accept responsibility to abide by the above terms & conditions and realize that failure to do so will jeopardise continued funding delivery for my program of studies.

Student Signature: _____ Date: _____

Stó:lô Nation Post Secondary Advisor

Signature: _____ Date: _____

Student Name: _____

Program/Course accepted/registered in (*current application - must be filled in*)

Education program: _____
Institution: _____
Full Time: _____ Part Time: _____
Previous Training Months used: UCEP _____
Level I: _____ Level II: _____
Training Months for 2010 2011: _____
Start date: _____
Stop Date: _____
Graduation date: _____

Education Category:

- U.C.E.P. (*College Prep.*)
- Certificate – 1 year
- Diploma – 2 year
- Undergraduate Degree (*BA*)
- Graduate Degree (*Masters, PhD*)

Do not write in this area

Allowances – Living (6601): \$ _____ x _____ = \$ _____

Allowances – Contingency (6601) projected: \$ _____

Allowances – daily travel (6601): \$ _____

Allowances – seasonal Travel (6602): \$ _____

Tuition & Fees (6602): \$ _____

Tutoring – projected (6602): \$ _____

Supplies (6603): \$ _____

Texts (6603): \$ _____

Total budget (*Fees and allowances*): \$ _____

Recommended – Post Secondary Advisor

Signed: _____ Date: _____

Approval – Joanne Jefferson, Manager of Qwi:Qwelstom & Education

Signed: _____ Date: _____