Appendix 1 APPLICATION FOR FUNDING

Application for Nisga'a Post-Secondary Education Assistance Program (NSPEAP)

How to complete this application: Print clearly and complete all sections in ink. You must submit your completed application to your respective Nisga'a Village Administering Authority. The Administering Authority will determine your eligibility, based on the policy set out by Nisga'a Lisims Government.

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Section A: Personal information				
Application must be completed in in ink				
Last Name	Social Insurance Number			
First Name and Middle Initial	Student Number (if known)			
Permanent Mailing Address	Date of Birth			
	Year Month Day			
Have you accessed any Post-Secondary funding	Nisga'a Citizenship Number or ancestry:			
from another Nisga'a village or another First				
Nation Band ?				
□ Yes □ No				
	Email Address:			
Have you transferred your village membership				
from the time of your application for citizenship?				
□ Yes □ No				
Local Address	Gender:			
Local / taal ess				
	☐ Male ☐ Female			
Marital status	Number of dependents :			
	Name and DOB for Dependents:			
☐ Single ☐ Married				
☐ Single parent ☐ Common Law				
□ Separated				
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Employed spouse source of income:		Spouse income:		
Employed spouse source of income.		Spouse income: ☐ Less than \$30,000 annually		
		□ \$30,000 to \$60,000		
		□ \$60,000 to \$60,000 □ \$60,000 or more		
Education Plan				
□ Full time		□ Part time		
Level of Study (as per section 14 of NPSEAP):				
□ Certificate		What year of your plan are you in:		
□ Diploma		Length of Program:		
□ Bachelor		Length of Flogram.		
□ Masters				
□ Doctorate				
Program of Studies:		Start Date:		
		End Date:		
Education History				
School Name	Program	Completion	Year	
Secondary				
College				
University				
Other				
I hereby apply for financial assistance under the Nisga'a Post-Secondary Assistance Program. I confirm that the information provided in my application is accurate. I authorize the Nisga'a Village of to access information pertaining to this application for the purposes of confirming Nisga'a citizenship and administering the Nisga'a Post-Secondary Assistance program and my eligibility. I agree: 1. To provide proof of registration to the institution to which I have made application 2. To authorize the Education Administrator to inform				
Signature		Date		