**APPLICATION FOR EDUCATIONAL ASSISTANCE**

**(CONFIDENTIAL WHEN COMPLETED)**

**STUDENT IDENTIFIER:**

**Registry Number: 678- Application Date:**

**Nisga’a Citizenship Card Number:**

**Birth Date: S.I.N. #**

## BASIC STUDENT INFORMATION

|  |  |
| --- | --- |
| **Surname:**  | **Given Name(s):**  |
| **Street Address:**  | **City:**  |
| **Postal Code:**  | **Phone:**  |
| **Messages:** | **E-Mail address:**  |
| Dependent Status: Single \_\_\_\_\_\_ | **Single Parent: \_\_\_\_\_ Married:\_\_\_\_\_\_\_** |
| **Dependent(s) Name(s):** | **Birth dates:**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**PREVIOUS EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL NAME** | **PROGRAM** | **GRADE** | **YEAR** |
| **SECONDARY:** |  |  |  |
| **COLLEGE:** |  |  |  |
| **UNIVERSITY:** |  |  |  |
| **OTHER:** |  |  |  |

***\*\*\* Must attach proof of Education by an Official Transcript, copy of Certificate or copy of Degree Received\*\*\****

#### EDUCATION PLAN

***PROGRAM (S) & INSTITUTE (S) APPLIED TO:***

|  |  |  |
| --- | --- | --- |
| ***PROGRAM NAME*** | ***INSTITUTE NAME*** | ***INSTITUTE ADDRESS*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FULL TIME***PART TIME******Y/N*** | TYPE OF PROGRAM***COLLEGE/UNIV.******B.A. M.A. OR PHD.*** | LENGTH***OF*** ***PROGRAM*** | YEAR ***OF*** ***STUDY*** | ***INSTITUTE ACCEPT.******FINAL/CONTINUED******OR CONDITIONAL*** | TRAINING***START&END******Y/M/D*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Personal Financial Status:***

1. ***Do you have an employed spouse/partner? Yes*** \_\_\_\_\_ ***No*** \_\_\_\_\_
2. ***What is your family's gross income per year?***

***Less than $25,000 \_\_\_\_\_\_\_\_\_ more than $25,000\_\_\_\_\_\_\_\_\_***

***Note- Please reference the section of post-secondary policy – 12.0 Financial Assistance Categories /Living allowance eligible.***

1. ***Are you requesting full or part-time assistance? F.T.***\_\_\_\_\_\_ ***P.T.*** \_\_\_

***Note- a student can only qualify for full–time assistance if the student in each term or semester takes a minimum of four courses or the equivalent number of (12) credit hours.***

***ESTIMATED COSTS (OFFICE USE ONLY)***

|  |  |  |
| --- | --- | --- |
|  | ***FISCAL YEAR*** | ***FISCAL YEAR*** |
| TUITION |  |  |
| BOOKS& SUPPLIES |  |  |
| LIVING ASSISTANCE |  |  |
|  |  |  |
| TRAVEL ASSISTANCE |  |  |
| TOTAL ASSISTANCE |  |  |

I confirm that the above statements are complete and accurate. I accept responsibility for satisfying the academic/training requirements of the above institute (s) and managing the educational assistance that may be granted to me to the best of my ability.

***Applicants Signature: Date:***

|  |
| --- |
| ***OFFICE USE ONLY:******Education Manager’s Comments:******Recommended: \_\_\_\_\_\_\_\_ Not Recommended: \_\_\_\_\_\_\_\_ Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Administered by:******\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Education Manager Signature Date******Authorized by Laxgalts’ap Village Government:*** |
| ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
|  Date |
| ***Laxgalts’ap Village Government Representative*** |