



Nuu-chah-nulth Tribal Council

Post-Secondary Student Funding Application

P.O. Box 1383 Port Alberni, BC V9Y 7M2 Phone: 250-724-5757 Fax: 250.724-9682

Email: psinfo@nuuchahnulth.org

PART THREE: DEPENDENT INFORMATION

Please attach the most recent Canada Child Benefit (CCB Notice) account summary from Canada Revenue Agency (CRA) listing each dependent's name.

Last Name	First Name	Relationship (ie. son, daughter, spouse)	Birthdate (ie. May 2, 2019)	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 FOUR: STUDENT FINANCIAL INFORMATION

Please attach the most recent income tax Notice of Assessment from Canada Revenue Agency (CRA)

Personal Income: \$ Income tax Notice of Assessment from CRA attached - Applicant

Spousal Income: \$ Income tax Notice of Assessment from CRA attached - Spouse

Have you received a "Passport to Education?": No Yes

If yes, the amount of \$ _____ Supporting document attached

Have you received any other financial Contribution towards your Post-Secondary Education studies??"

No Yes If yes, from where: _____

If yes, the amount of \$ _____ Supporting document attached

PART FIVE: OTHER INFORMATION

Disability Status: Not on Disability Yes and the required supporting documentation is attached
 Type of Disability: Long-term Short-term Learning

Have you been a resident of Canada for the past 12 consecutive months? Yes No

PART SIX: INSTITUTION INFORMATION

Institution:	Campus:
Student ID or Student Number:	
Online Username Login:	Online Password:



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PART SEVEN: PROGRAM INFORMATION			
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): _____		Student Type (check one): <input type="checkbox"/> New (First time applying with NTC) <input type="checkbox"/> Continuing (Attended last semester) <input type="checkbox"/> Returning (Going back after year(s) off)	
Program Name: _____		<input type="checkbox"/> Full-Time (as defined by the Institution) <input type="checkbox"/> Part-Time (as defined by the Institution)	
		Start Date Month / Day / Year	End Date Month / Day / Year
<input type="checkbox"/> University College Entrance Program (UCEPP) (College Preparation or Adult Basic Education)			
<input type="checkbox"/> Certificate Program (usually up to a 12 month program)			
<input type="checkbox"/> Diploma Program (usually a two year program)		<input type="checkbox"/> Year 1 of 2 <input type="checkbox"/> Year 2 of 2	
<input type="checkbox"/> Bachelor of Arts Major: _____ Minor: _____		<input type="checkbox"/> Year 1 of 4 <input type="checkbox"/> Year 2 of 4 <input type="checkbox"/> Year 3 of 4 <input type="checkbox"/> Year 4 of 4	
<input type="checkbox"/> Bachelor of Education Major: _____ Minor: _____		<input type="checkbox"/> Year 1 of 4 <input type="checkbox"/> Year 2 of 4 <input type="checkbox"/> Year 3 of 4 <input type="checkbox"/> Year 4 of 4	
<input type="checkbox"/> Bachelor of Science Major: _____ Minor: _____		<input type="checkbox"/> Year 1 of 4 <input type="checkbox"/> Year 2 of 4 <input type="checkbox"/> Year 3 of 4 <input type="checkbox"/> Year 4 of 4	
<input type="checkbox"/> Advanced Degree	Year _____ of a _____ Year Program (ie. Currently in Year 2 of a 3 year program)		
<input type="checkbox"/> Professional Degree	Year _____ of a _____ Year Program (ie. Currently in Year 2 of a 3 year program)		
<input type="checkbox"/> Master of Arts Program	Year _____ of a _____ Year Program (ie. Currently in Year 2 of a 3 year program)		
<input type="checkbox"/> Doctoral Program	Year _____ of a _____ Year Program (ie. Currently in Year 2 of a 3 year program)		



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PART EIGHT: EDUCATIONAL HISTORY

What is the highest level of education that you have completed to date:

- Adult Ed.
 Certificate
 Diploma
 BA/BSc/LLB
 MA, LLM
 PhD
 PDP
 Other, please describe:

Attached is a copy the most recent transcript (Required): Yes No, transcript will follow

Have you taken any dual credit courses? If yes, please name the course and school.

Have you been previously sponsored by NTC for upgrading or any post-secondary studies: No Yes

If yes, provide: Date: _____ Program: _____ Institution: _____

If yes, have you ever been: Suspended from NTC P/S Funding Put on Academic Probation

If so, what have you done since that time to help ensure you are more successful? Please explain: (attach another page if needed)

PART NINE: EDUCATIONAL GOALS

For the upcoming funding year I plan to complete the following courses:

My long-term goal is (provide as much detail as possible):

I provide my consent to allow the NTC Post-Secondary program staff to request information from MCFD, Usma, MEIA and NTC Social Development program for the sole purpose of determining eligibility for P/S funding.

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.

Signature:

Date:



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NTC UCEPP or PSSSP Student Funding Agreement

Your responsibilities are:

1. Meet with the NTC Post-Secondary Counsellor to ensure the Institution and program you have chosen to attend or are attending is covered by either UCEPP or PSSSP funding and if it is the best choice to fulfill your educational goals.
2. To provide a copy of your Acceptance Letter from your Institution.
3. To provide Registration Statement details for each semester for which you are registered. The NTC Post-Secondary program staff will provide specific due dates.
4. To attend class on a regular basis. Continual absence may result in failing grades and your funding being suspended.
5. Complete all NTC sponsored courses and programs and maintain a minimum grade point average of 2.0 or better each term as defined by the Institution to remain in good standing.
6. Meet the expectation of the program requirements as per Institution guidelines.
7. Students in their first year of funding must provide a Progress Report for each course no later than the sixth week of their first term. No further funding will be released until this report is received. The NTC Post-Secondary program staff will notify you on the specific due dates.
8. To submit your Unofficial Transcript for each term within 10 business days of receiving final grades.
9. To submit an official transcript upon completion of your program.
10. To comply with the Nuu-chah-nulth Post-Secondary Funding Policy (available online at www.nuuchahnulth.org).

I, _____, have read and understand the above and agree to these conditions and requirements. Further, I understand that failure to fulfill these requirements and conditions may result in my funding being suspended.

Signature:

Date:



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NTC Post-Secondary Consent to Release Information

Personal Information		
First Name:	Last Name	
SIN (Social Insurance) #:		
Mailing Street Address:		
City:	Province:	Postal Code:

Educational Institution Information		
Institution Name:	Your Student ID/Number:	
Institution Mailing Street Address:		
City:	Province:	Postal Code:

- A. I provide my consent to allow the Nuu-chah-nulth Post-Secondary Education program staff to request copies of information from the Educational Institution listed above for the sole purposes of determining my eligibility for University College Entrance Preparation or Post-Secondary Student Support Funding.
- B. I provide my consent to allow the Nuu-chah-nulth Post-Secondary Education program staff to request copies of information from the Ministry of Children and Family Development and/or the Usma Child and Family Services, and the Ministry of Income Assistance for the sole purposes of determining my eligibility for Post-Secondary Funding.
- C. I provide my consent to allow Nuu-chah-nulth Post-Secondary Education program staff to share information about by Post-Secondary funding within the Nuu-chah-nulth Tribal Council (NTC).
- D. I provide my consent to allow Nuu-chah-nulth Post-Secondary Education program staff to share information about my Post-Secondary funding with my First Nation.
- E. I provide consent to allow the Nuu-chah-nulth Post-Secondary program staff to discuss my funding application and file with:

My parents and/or guardian Name: _____

Other _____

Signature:	Date:
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