



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: psapp@nuuchahnulth.org

Eligible Nuu-chah-Nulth Nations

A student may apply for the Nuu-chah-nulth Tribal Council (NTC) Post-Secondary Funding program if they are from one of the following Nuu-chah-nulth Nations:

<ul style="list-style-type: none"> • Ditidaht • Hesquiaht 	<ul style="list-style-type: none"> • Hupacasath • Mowachaht/Muchalaht 	<ul style="list-style-type: none"> • Nuchatlaht • Tla-o-qui-aht 	<ul style="list-style-type: none"> • Tseshaht
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Application Deadlines

Application Deadline	Program Start
March 1 st at 4:30 p.m.	September/Fall Term of the same year
August 1 st at 4:30 p.m.	January/Winter Term or Spring/Summer Term of Next Year

Post-Secondary Application Checklist

Use the checklist below to ensure that your application is complete. Please include the additional documents required to process your application.

APPLICATION CHECKLIST	
<input type="checkbox"/> PART ONE: STUDENT INFORMATION	All fields need to be complete.
<input type="checkbox"/> PART TWO: CONTACT INFORMATION	All fields need to be complete in order for us to contact you with vital, time-sensitive information.
<input type="checkbox"/> PART THREE: PROGRAM INFORMATION	A Program Acceptance Letter is required for new students or new programs. New students must provide English and/or Math Assessments.
<input type="checkbox"/> PART FOUR: ABILITY INFORMATION	If you have a disability, provide supporting documentation.
<input type="checkbox"/> PART FIVE: DEPENDENT INFORMATION	Provide names for all dependents. Include most recent Canada Child Benefit (CCB) notice.
<input type="checkbox"/> PART SIX: EDUCATION HISTORY	All fields need to be complete and most recent transcript attached.
<input type="checkbox"/> PART SEVEN: EDUCATION GOALS	Provide details regarding what you are wanting to achieve in your education and after you achieve goal.
<input type="checkbox"/> PART EIGHT: INFORMATION SHARING	Add name(s) of those who you would like us to share information with. Sign and date.
<input type="checkbox"/> PART NINE: DECLARATION	Ensure information in application is accurate. Sign and date.

INCOMPLETE APPLICATIONS MAY DISQUALIFY YOU FROM THE NTC POST- SECONDARY FUNDING PROGRAM!



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PART THREE: PROGRAM INFORMATION – all fields must be completed

Semester Funding (check all that apply): <input type="checkbox"/> Sep-Dec (This Year) <input type="checkbox"/> Jan-Apr (Next Year) <input type="checkbox"/> May-Aug (Next Year) <input type="checkbox"/> Other Dates (specify): _____		Student Type (check one): <input type="checkbox"/> New (new program or new student to NTC PS Funding) *New students must provide English and/or Math Assessments <input type="checkbox"/> Continuing (attended same program last semester) <input type="checkbox"/> Returning (going back to same program after year(s) off)	
Institution Name:		<input type="checkbox"/> English Assessment attached <input type="checkbox"/> Math Assessment attached	
Program Name: (as shown on Acceptance Letter, Transcript, or website)		<input type="checkbox"/> Full Time (as defined by the Institution) <input type="checkbox"/> Part Time (as defined by the Institution)	
Program Acceptance Letter included: (required): <input type="checkbox"/> Yes <input type="checkbox"/> No		Start Date Month / Day / Year	End Date Month / Day / Year
<input type="checkbox"/> Adult Basic Education or College Preparation (UCEPP)			
<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 Degree <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Education <input type="checkbox"/> Other, please specify: _____ Major: _____		<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"/> Year ___ of ___	
<input type="checkbox"/> Professional/Advanced Degree	Year ___ of a ___ Year program (ie. Currently in 2 of a 3-year program)		
<input type="checkbox"/> Masters of Arts Program	Year ___ of a ___ Year program (ie. Currently in 2 of a 3-year program)		
<input type="checkbox"/> Doctoral Program	Year ___ of a ___ Year program (ie. Currently in 2 of a 3-year program)		

PART FOUR: ABILITY INFORMATION

Disability Status:	<input type="checkbox"/> No Disability <input type="checkbox"/> Yes (Accommodation Letter is REQUIRED)	Type of Disability: <input type="checkbox"/> Long-term <input type="checkbox"/> Short-term <input type="checkbox"/> Learning
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PART FIVE: DEPENDENT INFORMATION

Please attach the most recent Canada Child Benefit (CCB Notice) account summary from Canada Revenue Agency (CRA) listing each dependent child's name. For other dependent family members, please refer to the NTC Funding Policy on our website: www.nuuchahnulth.org/services/education

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

PART SIX: EDUCATION HISTORY – all fields must be completed

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

- Grade 12
 Adult Ed.
 Certificate
 Diploma
 BA/BSc/LLB
 MA, LLM
 PhD.
 PDP
 Other, please describe:

Attached is a copy of 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:

- Yes No

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 SEVEN: EDUCATIONAL GOAL – field must be completed

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



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PART EIGHT: CONSENT TO RELEASE INFORMATION – requires a signature and date

A. Please note that NTC reserves the right to share information within NTC Departments and Programs for the sole purpose of determining eligibility and funding level.

B. 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.
- request copies of information from the Ministry of Children and Family Development and/or the Usma Child and Family Services, Revenue Canada, and the Ministry of Income Assistance for the sole purposes of determining my eligibility for Post-Secondary Funding.
- share information about my post-secondary funding with my First Nation.
- discuss my funding application and file with (optional):

My parent(s) and/or guardian:

Name(s): _____ Phone number: _____

Email: _____

Other (relationship to applicant): _____

Name(s): _____ Phone number: _____

Email: _____

*** All applicants must sign and date***

➔ Student Signature: _____ Date: _____

PART NINE: DECLARATION – requires a signature and date

I certify that the information provided in the Application for Funding for the NTC Post-secondary Funding Program and supporting documents is current and accurate to the best of my knowledge.

All applicants must sign and date

➔ Student Signature: _____ Date: _____

**PLEASE ENSURE ALL APPLICABLE FIELDS ARE FILLED OUT COMPLETELY.
INCOMPLETE FIELDS MAY AFFECT YOUR ELIGIBILITY AND YOUR FUNDING LEVEL.**

PLEASE NOTE: NTC Post-Secondary Funding does NOT cover Institution application fees.