



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

NTC Post-Secondary Funding Application

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

Ditidaht	Hupacasath	Tla-o-qui-aht
Ehattlesaht	Mowachaht/Muchalaht	Tseshaht
Hesquiaht	Nuchatlaht	

Application Deadlines

Application Deadline	Program Start
March 1st	September/Fall Term of the same year
August 1st	January/Winter Term or Spring/Summer Term of Next Year

Post-Secondary Application Checklist

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

APPLICATION CHECKLIST	
<input type="checkbox"/> PART ONE: STUDENT INFORMATION - All fields completed	All fields need to be complete in order for NTC Post-Secondary to process your application.
<input type="checkbox"/> PART TWO: CONTACT INFORMATION - All fields completed	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 - Program Acceptance Letter included - Assessments included	Program Acceptance Letter is required for New students or New programs. English and Math Assessments for New students must be provided.
<input type="checkbox"/> PART FOUR: ABILITY INFORMATION - Accommodation Letter included	Indicate if you have a disability. Provide supporting document if you indicate a disability.
<input type="checkbox"/> PART FIVE: DEPENDENT INFORMATION - CCB included (or Spouses income info included)	Provide names for all children. Include most recent Canada Child Benefit (CCB) notice.
<input type="checkbox"/> PART SIX: EDUCATION HISTORY - Most recent transcript included	All fields need to be complete and most recent transcript attached.
<input type="checkbox"/> PART SEVEN: EDUCATION GOALS - Education goals and career 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 - Sign and date	Add name(s) of those who you would like us to share information with. Sign and date.
<input type="checkbox"/> PART NINE: DECLARATION - Sign and date	Ensure information in application is accurate. Print name, sign, and date.

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



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NTC POST-SECONDARY FUNDING DEADLINES

- MARCH 1ST (Classes Start: September – December of the same year)
- AUGUST 1ST (Classes Start: January – August of the following year)

Program Start Date: (Upcoming Academic Year) Day / Month / Year	For office use only – Received Date:
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PART ONE: STUDENT INFORMATION – all fields must be completed

Last Name:	Middle Name:	First Name:
Previous Last Name:	Previous First Name:	
Birthdate: / / Day Month Year	SIN #	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Name of Spouse: _____ (if applicable)		
Nuu-chah-nulth First Nation:		
Status Number / IRN#: _____		
Are you currently transferring between First Nations? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach supporting documentation		

PART TWO: CONTACT INFORMATION – all fields must be completed

Mailing Street Address:		
City:	Province:	Postal Code:
Phone #:	Home #:	
E-mail Address:		
Are you moving away from your permanent address to a temporary address to attend Post-Secondary studies? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FOR OFFICE USE ONLY

Application Received on time: <input type="checkbox"/> Yes <input type="checkbox"/> No	Waitlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Waitlist#:
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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, will follow		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/Adv. 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)		

PART FOUR: ABILITY INFORMATION

Disability Status:	<input type="checkbox"/> Not on 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's name. Spouses are eligible dependents *only when* income is below level determined by Canada Revenue Agency.

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 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 SEVEN: EDUCATIONAL GOALS – all fields must be completed

I plan on completing:

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



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PART EIGHT: CONSENT TO RELEASE INFORMATION

- 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.
- C. 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, Revenue Canada, and the Ministry of Income Assistance for the sole purposes of determining my eligibility for Post-Secondary Funding.
- 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 _____

Student Signature: _____

Date: _____

PART NINE: DECLARATION

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.

Student Signature: _____ Date: _____

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