



**Nuuchahnulth Tribal Council Post Secondary Student Funding
Application**

P.O. BOX 1383 PORT ALBERNI, BC V9Y 7M2

Phone: 250-724-5757 Fax: 250.724-9682

NTC {APPLICATION DEADLINE DATE}	
CHECK APPLICABLE Make only one selection below	PROGRAM START DATE Make only one selection below
<input type="checkbox"/> MARCH 1ST	<input type="checkbox"/> FALL (SEPTEMBER) ENROLLMENT
<input type="checkbox"/> AUGUST 1ST	<input type="checkbox"/> WINTER (JANUARY) ENROLLMENT

PART ONE: STUDENT INFORMATION - all fields must be completed

Birth date (i.e. May 10, 1973)		
Last Name		
First Name		
Previous Last Name(s)		
Previous First Name(s)		
SIN (Social Insurance #)		
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	
Nuuchahnulth First Nation		
IRN (Indian Registry / Status Number)		
Are you currently transferring between First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details here and then attach any supporting documentation:		
Mailing Address		Other Contact Information
Address		Phone #
City		Cell #
Province, Country		E-mail address
Postal Code		
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 NTC PS Office Use Only:	
Application Received on: _____ Date	Application Received on time: <input type="checkbox"/> yes <input type="checkbox"/> no
Application Received by: _____ Staff Name	Application Waitlisted: <input type="checkbox"/> if Yes, check here
	Waitlist number: _____



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PART TWO: DEPENDENT INFORMATION

Last Name	First name	Relationship (spouse, son, daughter)	Birth date (i.e. November 2, 2006)	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 THREE: STUDENT FINANCIAL INFORMATION

Personal Income	\$ _____	Spousal Income	\$ _____
Household income per year is (check one)	<input type="checkbox"/> less than \$15,000	<input type="checkbox"/> \$15,000 to \$19,999	<input type="checkbox"/> \$20,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$39,999
<p>Does your program require additional supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate approximate cost and attach supporting documentation:</p> <p>Description of Additional Supplies: Amount: _____</p>			
Additional Financial Information:			
<p>Have you received a "Passport to Education"? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe and indicate amount and attach supporting documentation.</p> <p>Description: Amount: \$ _____</p>			
<p>Have you received any other financial Contribution towards your Post-Secondary Education studies"? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe the contribution and indicate amount and attach supporting documentation.</p> <p>Description of Financial Contribution: Amount: \$ _____</p>			



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PART FOUR: INSTITUTION AND PROGRAM INFORMATION			
Institution and Campus		Student Number	
Program		Online Account/Password	
Year of Study		Program Length	
Enrollment	<input type="checkbox"/> Part-time Studies <input type="checkbox"/> Full-time Studies		
Program Type			
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 <input type="checkbox"/> Continuing <input type="checkbox"/> Returning			
Program Level:			
<input type="checkbox"/> University College Entrance Program (College Preparation or Adult Basic Education)			
Post-Secondary Student Support Program: LEVEL 1			
<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma			
Post-Secondary Student Support Program: LEVEL 2			
Undergraduate degree program:			
<input type="checkbox"/> Bachelor of Arts Major: _____ Minor(s): _____		<input type="checkbox"/> Bachelor of Education Other Bachelor Degree: _____ _____	
<input type="checkbox"/> Bachelor of Science Major: _____ Minor(s): _____			
Post-Secondary Student Support Program: LEVEL3			
<input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Professional Degree Program Program Title: _____	<input type="checkbox"/> Master's Program Program Title: _____	
Post-Secondary Student Support Program: Level 4			
<input type="checkbox"/> Doctoral Program			



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PART FIVE: OTHER INFORMATION

Disability Status (check one)	<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> Short Term Disability
	<input type="checkbox"/> Not on Disability	<input type="checkbox"/> Learning Disability
Have you submitted the required disability documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have selected No, attach documentation to your application		
Have you been a resident of Canada for the past 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PART SIX: Additional Educational Information

What is the highest level of education you have completed (list any courses, certificates, diplomas that you have completed up to this point): <input type="checkbox"/> ABE or Upgrading <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> BA/BSc/LLB <input type="checkbox"/> MA, LLM <input type="checkbox"/> PhD <input type="checkbox"/> PDP <input type="checkbox"/> Other: _____
Have you been previously sponsored by NTC for upgrading or Post Secondary Studies? If Yes, please provide us with details such as dates, institution, program name and a copy of your transcript.
For the upcoming funding year, I plan to complete the following courses / year of program:
My Long-Term Goal is (provide as much detail as possible):
Have you taken any dual credit courses? If yes, please name them and outline wo the dual credit was through.
Have you ever been "Suspended" from NTC P/S funding or on "academic probation"? If so, what have you done since that time to help ensure you are more successful?

I provide my consent to allow the NTC Post Secondary office 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.

Student Signature

Date



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**NTC University College Entrance Program(UCEP) or
Post-Secondary Student Support Program(PSSSP)
Student Funding Agreement**

Your responsibilities are:

1. Meet with the NTC P/S Counsellor and ensure the institution and program you have chosen to attend or are attending is covered by either UCEP or PSSSP funding and if it is the best choice to fulfil your educational goals.
2. To provide a copy of your Acceptance Letter from your Institution
3. To provide Registration details for each semester you are registered for. The NTC Post-Secondary office will provide specific document 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.
6. Meet the expectation the program requirements as per Institution guidelines.

NOTE: Failed and/or incomplete Repeat courses will NOT be paid for by Nuu-chah-nulth Tribal Council Post-Secondary Program.

7. Students in their first year of funding are required to maintain a full-time course load as defined by their eligible institution.
8. Continuing students are to maintain a full-time course load as defined by their eligible institution.
9. Students in their first year of funding must provide a Progress Report all courses 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 Office will notify you of the specific document due dates.
10. To submit your Interim Grades for each term (unofficial transcript)
11. To submit an official transcript upon completion of your program.
12. To comply with the Nuu-chah-nulth Post Secondary Policy and Procedures (available online @ www.nuuchahnulth.org).

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

Student Signature

Date



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NTC P/S CONSENT TO RELEASE INFORMATION

Personal Information			
First Name		Last Name	
SIN (Social Insurance #)			
Mailing Address		Institution Information	
Address		Institution	
Phone #		Student #	
City		Institution	
Province, Country		Address	
Postal Code			

- A. I provide my consent to allow the Nuu-chah-nulth Post-Secondary Education department 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 department 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 department to share information about my Post-Secondary funding with my First Nation.
- D. I provide consent to allow the Nuu-chah-nulth Post-Secondary department to discuss my funding application and file with:
 - my parents and/or guardian Name: _____
 - Nuu-chah-nulth Employment and Training Program
 - Other _____

Signature _____

Date _____

For Office use Only:

The Nuu-chah-nulth Post-Secondary Education Department is requesting the following information as permitted by the above signed Consent to Release Information Form:

- Transcripts for the period between _____ and _____
- Other: _____

Please forward the information to the following:



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Nuu-chah-nulth Tribal Council

Direct Deposit – Post Secondary

Student's Name: _____

I hereby authorize the Nuu-chah-nulth Tribal Council to deposit to the account indicated below.

Signature Date

Email address

Payment advices will be emailed if an address is provided; otherwise a copy will be retained in our records for pickup.

Name of Bank:
Bank Address:
Bank Phone Number:
Account Number:
Bank Number:
Transit Number:
Sample Void Cheque Attached? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No

The NTC is not responsible for inaccurate or incomplete bank information that results in delayed payment.

