



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

Congratulations on your decision to pursue a post-secondary education!

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
Ehattesaht	Mowachaht/Muchalaht	Tseshaht
Hesquiaht	Nuchatlaht	

Post-Secondary Funding Services

The NTC Post-Secondary Program provides funding sponsorships to students who wish to pursue a post-secondary education. Full or partial funding may be provided to the student to support the cost of tuition, living expenses, required textbooks and supplies, travel, tutoring and other school-related expenses (in accordance with ISC policy guidelines and the NTC Post-Secondary Funding Policy).

Students who wish to receive supports from the NTC are required to submit an NTC Post-Secondary Funding Application to the NTC Post-Secondary Funding Program each year for the duration of their studies. The NTC encourages members who are considering post-secondary studies to contact the NTC Post-Secondary Program staff for support.

Complete applications increase the chances of being successfully accepted into the Post-Secondary Funding Program and incomplete applications may result in not qualifying for funding. Please refer to the application attached and the checklist below to complete your application for funding.

INCOMPLETE APPLICATIONS WILL RESULT IN THE DELAY OF YOUR APPLICATION BEING CONSIDERED FOR FUNDING OR DISQUALIFY YOU FROM THE NTC POST-SECONDARY FUNDING PROGRAM!

APPLICATION CHECKLIST

<input type="checkbox"/> PART ONE: All Fields Complete <input type="checkbox"/> PART TWO: All Fields Complete <input type="checkbox"/> PART THREE: All Fields Complete <input type="checkbox"/> PART FOUR: Supporting Documents Added <input type="checkbox"/> PART FIVE: Most Recent CCB Attached	<input type="checkbox"/> PART SIX: Most Recent Transcript Attached <input type="checkbox"/> PART SEVEN: All Fields Complete <input type="checkbox"/> PART EIGHT: Consent Signed and Dated <input type="checkbox"/> PART NINE: Declaration Signed and Dated
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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:

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 Nation? <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) <input type="checkbox"/> Continuing (Attended same program last semester) <input type="checkbox"/> Returning (Going back after year[s] off)	
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)	
Institution Name:		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 Degree <input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Education <input type="checkbox"/> Other Bachelor Degree, please specify: _____ 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"/> Year __ of __	
<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)		

PART FOUR: ABILITY INFORMATION

Disability Status:	<input type="checkbox"/> Not on Disability	<input type="checkbox"/> Yes (supporting documentation 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.

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: EDUCATIONAL 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

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

My long-term 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, 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.**