|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OFFICE USE ONLY | New Student |  | Coninuing Student |  | Returning Student |  |
| **Date Of Application:**  |
| **1. APPLICANT INFORMATION** |
| **First Name:** | **Middle Initial:**  | **Last Name:**  |
|  |  |  |
| **Social Insurance Number:** | **Home Phone:** |
|  |  |
| **Cell Phone:** | **Email Address:**  |
|  |  |
| **Mail Address:** | **City/Town:** | **Province:** | **Postal Code:** |
|  |  |  |  |
| **Home Address:** | **City/Town:** | **Province:** | **Postal Code:** |
|  |  |  |  |
| **Date of Birth (dd/mm/yy)** | **Gender** | **Marital status** | **Do you reside on or off reserve?** |
|  | Female |  | Married/Common Law |  | On |
|  | Male |  | Single/Separated/Widow |  | Off |
| **Band Registry Number:** | **Emergency Contact Name:** | **Emergency Contact Number:** |
|  |  |  |
| **2. SPOUSE INFORMATION** |
| **First Name:** | **Last Name:**  |
|  |  |
| **Social Insurance Number:** | **Current Employment Status:** | **Employer:**  |
|  |  | Employed |  | Unemployed |  |
| **Are you receiving other benefits? (E.I, S.A, WCB, etc.)** |
|  |
| **3. DEPENDENTS** |
|  | **Last Name:** | **First Name:** | **Date of Birth (mm/dd/yy)** | **Relationship** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **4. EMPLOYMENT INFORMATION** |
| **Current Employment Status:** | **If currently employed, are you:** |
| Employed | Unemployed |  Student | Part-Time | Full-Time | Self-Employed |
| **If yes, do you plan to continue employment?** | **If yes, how many hours per week?** |
|  |  |
| **Name of Employer:** |
|  |
| **Are you claiming any income Assistance? (E.I, S.A, WCB, etc.)** | **Yes** | **No** | **If Yes, What kind?** |
|  |  |  |
| **5. PROGRAM INFORMATION** |
| **Program Name:** | **Type of Program:** (College or University) | **Degree level:** (Certificate, B.A, M.A., P.H.D) |
|  |  |  |
| **Institution Name:** | **Institution Address:** | **Attendance:** (Full or Part time) |
|  |  |  |
| **Length of Program:** | **Year of Study:**  | **Occupational Field:**  |
|  |  |  |
| **Enrollment Status:** |  **New** (Attach Acceptance Letter) | **Training Dates:** |
|  **Continuing** | Start: | End:  |
|  **Conditional** (Provide info on separate sheet) |
| **6. EDUCATION & TRAINING HISTORY** |
|  | **Name of school** | **Location** | **Duration** | **Completion** | **Certification**  | **Band Funded?** |
| **High School** |  |  |  |  |  |  |
| **College** |  |  |  |  |  |  |
| **University** |  |  |  |  |  |  |
| **Graduate School** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| **7. STUDY PLAN USING YOUR SCHOOL CALENDAR** |
|  | **Fall Session** | **Winter Session** | **Spring Session** | **Summer Session** |
| **Duration:** |  |  |  |  |
| **Number of Courses:** |  |  |  |  |
| **Number of Credits:** |  |  |  |  |
| **FT/PT** |  |  |  |  |
| **List month for which living allowance requested:** | **Total number of months of living allowances requested:** |
|  |
| **8. PROJECT COMPLETION PLAN** |
| **Year 1** | **Number of Courses:** | **Number of Credits:** |
| **Year 2** | **Number of Courses:** | **Number of Credits:** |
| **Year 3** | **Number of Courses:** | **Number of Credits:** |
| **Year 4** | **Number of Courses:** | **Number of Credits:** |
| **Year 5** | **Number of Courses:** | **Number of Credits:** |
| **Year 6** | **Number of Courses:** | **Number of Credits:** |
| **Total number of credits required for completion:**  | **I have consulted with an academic teacher/career counselor:** |
|  |  |
| **I have made contact with the Aboriginal support worker at my institution:**  |
|  |
| **9. FINANCIAL PLAN** |
| **Financial Projection** |
| **Estimated Costs** | **Current Year** | **Next Year** |
| **Tuition:** |  |  |
| **Books/Supplies:** |  |  |
| **Living Expenses:** |  |  |
| **Transportation:** |  |  |
| **Travel:** |  |  |
| **If you have additional applications for funding, please list them:** |
| **Scholarships:** |  |
| **Bursaries:** |  |
| **Awards:** |  |
| **Prov./Fed. Student Loans** |  |
| **Have you spoke with the financial aid department at your institution about funding?**  |
|  |
| **10. CODE OF CONDUCT AND SIGNATURE** |
| I certify that my answers are true and complete to the best of my knowledge.  |
| **Signature** | **Date** |
|  |  |

|  |
| --- |
| **OFFICE USE ONLY** |
| **File Number:** |
|  |
| **Documentation:** | **Yes** | **No** |
| **Complete Application Received?** |  |  |
| **(A letter of approval or denial will be sent to the applicant via Mail or Email)** |
| **Requests:** | **Approved** | **Denied** |
| **Total months of living allowance:** |  |  |
| **Total Tuition:** |  |  |
| **Total Books/Supplies:** |  |  |
| **Travel:** |  |  |
| **Total funds Sponsored to date:** |  |  |
| **Approved by:** | **Approved by:** |
| **Title:** | **Title:** |
|  |  |
| **Print Name:** | **Print Name:** |
|  |  |
| **Signature:** | **Signature:** |
|  |  |