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| 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** | | | | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- |
| **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:** | |
|  | |  | |