


# APPENDIX A: POST-SECONDARY EDUCATION FUNDING APPLICATION FORM

POST-SECONDARY EDUCATION FUNDING APPLICATION FORM									
<b>Dzawada'enuxw First Nation</b> Post-Secondary Education Funding Application Form Including Gaming Revenue Funding									
					Office Use Only				
					New Student <input type="checkbox"/> Continuing Student <input type="checkbox"/> Returning Student <input type="checkbox"/>				
APPLICANT INFORMATION									
Last Name		First Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date			
Other: _____									
Registration #					Date of Birth				
Street Address					Apartment/Unit #				
City					Prov.		Postal Code		
Phone				E-mail Address					
Years lived at address		Social Insurance Number (SIN)				Emergency Contact			
Marital Status	Single		Married		Common Law		Separated/Divorced		
Are you currently employed?	YES	NO	Employer						
If yes, do you plan to continue employment?	YES		NO		If yes, how many hours per week				
SPOUSE'S INFORMATION									
Last Name					Given Name				
SIN#					Employer				
Unemployed	YES	Receiving other benefits?	YES	NO	State Benefits (WCB, Pension, etc.)				
DEPENDENTS									
Dependents are: (insert your First Nation's definition here)									
Last Name		Given Names			Date of Birth		Relationship		

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**PROGRAM INFORMATION**

Institution or Company Name				Student Number			
Program / Course / Training Name							
Length of Program				Start Date			End Date
Occupational Field							
Full Time	YES		Part-time		Current year of program		

**EDUCATION AND TRAINING HISTORY**

	Name of School	Location	Duration	Completion	Certification	Band Funded?
High School						
College						
University						
Graduate School						
Other						

**STUDY PLAN (COMPLETE USING YOUR SCHOOL'S CALENDAR)**

Checkmark what is required.  
 Living Allowance \_\_\_\_\_ Books Supplies \_\_\_\_\_ Daily Travel \_\_\_\_\_ Annual Travel \_\_\_\_\_ Tuition \_\_\_\_\_

	Fall Session Sept - Dec	Winter Session Jan - April	Spring Session May - June	Summer Session July - Aug	Other GRFE
Duration					
Number of Courses					
Number of Credits					
FT/PT					

List months for which living allowance requested:

Total number of months of living allowances requested:

**PROJECTED 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:
Training	Details	

**TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:**

I have consulted with an academic/career counselor: YES NO

I have made contact with the Aboriginal support worker at my institution: YES NO

**OFFICE USE ONLY**

Request	Approved	Denied
(reasons attached)		
Application received:		
File Number:		
Total # of months living allowance:		
Total tuition:		
Total books/supplies:		
Travel		
Sponsored to date:		

Approved by (title)	Approved by (title)
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**FINANCIAL PLAN**

Financial Projection		
Estimated Costs	Current Year	Next Year
Tuition		
Books/Supplies		
Living Expenses		
Transportation		

Travel		
I have additional applications for funding. They are: (please list)		
SCHOLARSHIPS :		
BURSARIES :		
AWARDS :		
PROVINCIAL/FEDERAL STUDENT LOANS :		
I have spoken with the financial aid department at my institution about funding: YES NO		
Signature		Date
<b>CODE OF CONDUCT AND SIGNATURE</b>		
I certify that my answers are true and complete to the best of my knowledge.		
Signature		Date

## APPENDIX D: DOCUMENT RELEASE FORM

PSE Institution Name & Address:

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**Attention: Office of the Registrar**

To Whom It May Concern:

As a student assisted by the Dzawada'enuxw First Nation, I hereby authorize the above named post-secondary education institution to release all transcripts, attendance records and other documents indicative of my progress, if available, to the Dzawada'enuxw First Nation.

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Program of Study: \_\_\_\_\_

School Year: \_\_\_\_\_

Please forward the above-mentioned documentation as they become available to:

Dzawada'enuxw First Nation  
32 U'kwa nalis Road,  
Kingcome Inlet, B.C.  
V0N 2B0

Attention: Robin Dawson SEP PSEP Administrator

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date