


APPENDIX A: POST-SECONDARY EDUCATION FUNDING APPLICATION FORM

POST-SECONDARY EDUCATION FUNDING APPLICATION FORM									
Dzawada'enuxw First Nation 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)					
	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)

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
CODE OF CONDUCT AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge.		
Signature		Date