

APPENDIX A



SUMAS FIRST NATION

Date of Application: _____

Office Use Only:	
New Student <input type="checkbox"/>	Continuing <input type="checkbox"/>
Returning <input type="checkbox"/>	Graduate <input type="checkbox"/>

POST-SECONDARY EDUCATION FUNDING APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Status #:	Phone:
Current address:		
City:	Prov:	Postal Code:
Email Address:	Emerg. Contact:	

MARITAL & EMPLOYMENT STATUS

Please check your current status: Single Married Common Law Separated/ Divorced

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer:		
If Yes, do you plan on continuing this employment?	<input type="checkbox"/> Yes	# hours/ week: <input type="checkbox"/> No

SPOUSE'S INFORMATION

Name:		
SIN #:	Employer:	
If Unemployed:	Receiving benefits? <input type="checkbox"/> Y/ <input type="checkbox"/> N	List benefits (EI,WCB, pension, etc)
** Proof of spousal income may be required **		

DEPENDENTS

Dependents include a student's spouse, and children of the student and the student's spouse. Children are considered dependents if they are living with and financially dependent on the student. Spousal income level may determine which of the dependents listed below are used in calculation of living allowance funding level.

Last Name	Given Name/s	Date of Birth	Relationship to student

POST-SECONDARY EDUCATION FUNDING APPLICATION

PROGRAM INFORMATION

Institution Name:		Student number:	
Program Name:		Certification issued on completion: (Degree, certificate, diploma)	
Program Length:	Program Start Date:	End Date: (Anticipated)	
Occupational field:			
<input type="checkbox"/> Full Time OR <input type="checkbox"/> Part Time		Current year of program: ___ of ___	Semester/s applying to be funded for:

EDUCATION AND TRAINING HISTORY

Name of School	Location	Duration (yrs/ mos)	Completed?	Certification Earned	Sumas Funded?
High School			<input type="checkbox"/>		<input type="checkbox"/>
College			<input type="checkbox"/>		<input type="checkbox"/>
University			<input type="checkbox"/>		<input type="checkbox"/>
Other			<input type="checkbox"/>		<input type="checkbox"/>

STUDY PLAN (COMPLETE USING YOUR SCHOOL'S CALENDAR)

	Fall Term	Winter Term	Spring Term	Summer Term
Duration				
Number of Courses				
Number of Credits				
FT/ PT				

List months for which living allowance is requested:

Total number of months of living allowance requested:

PROJECTED COMPLETION PLAN

Year 1: 20__	Number of Courses:	Number of Credits:
Year 2: 20__	Number of Courses:	Number of Credits:
Year 3: 20__	Number of Courses:	Number of Credits:
Year 4: 20__	Number of Courses:	Number of Credits:
Year 5: 20__	Number of Courses:	Number of Credits:
Year 6: 20__	Number of Courses:	Number of Credits:

TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:

I have consulted with an academic advisor/ career counsellor: Yes No

I have made contact with the Aboriginal Support Worker at my institution: Yes No

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POST-SECONDARY EDUCATION FUNDING APPLICATION

FINANCIAL PLAN

Financial Projection

Estimated Costs	Current Year	Next Year
Tuition		
Fees (only mandatory fees are covered by the program)		
Books/ Supplies		
Living Expenses		
Transportation (not funded separately except in rare circumstances – see operating policy)		

I have made additional applications for funding. They are (please list specifics):

Scholarships :

Bursaries :

Awards :

Provincial/ Federal Student Loans :

I have spoken with the financial aid department at my institution about funding: Yes No

DECLARATION OF RESIDENCY

I, _____ certify that I have been resident in Canada for twelve consecutive months prior to this date.

Signature:

Date:

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

Application Received on:

Request is: Approved

Denied

Total Months Living Allowance

(Reasons attached)

Total Tuition

Total Books/ Supplies