



Nooaitch Indian Band  
 2954 Shackelly Rd. Ph. 250-378-6141  
 Merritt, BC V1K 1N9 Fax. 250-378-3699  
 Email: [education@nooaitchband.ca](mailto:education@nooaitchband.ca)

*Our Vision is a healthy and economically successful community that respects our traditional culture and values.*

20

**PLEASE SUBMIT BY: MAY 19<sup>th</sup>.2023**

**APPLICATION FOR POST-SECONDARY EDUCATION ASSISTANCE 2023- 2024**

**Applicant Information:**

Students Name			
Address:			
Street		City Province	Postal Code
Email Address		Telephone	
Band and Band #		Date of Birth	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law
			<input type="checkbox"/> Separated/Divorced
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer	
If yes, do you plan to continue employment <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many hours per week?	
Provided Income Tax Return (Mandatory to be considered for assistance) <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Spouses Information:**

Last Name	First
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving other benefits <input type="checkbox"/> Yes <input type="checkbox"/> No
Attending School <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Annual Income

**Dependent/s**

Last name	First Name	Date of Birth	Relationship

**Program Information**

Institution Name	
Program/Course	Student ID #
Attendance: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Institution Type <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other
Training Dates From:	To:
Start	End

**Educational and Training History**

Level	Name Of School	Location	Duration	Year Completed	Certification	Band Funded?
High School						
College						
University						
Graduate School						
Other						

**Study Plan (Complete Using your School's Calendar)**

	Fall Session	Winter Session	Spring Session	Summer Session
Duration				
Number of Courses				
Number of Credits				
Full time/Part time				
List of Months for which living allowance requested:				Total Months 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

**TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION?**I Have consulted with an academic advisor/career counsellor  Yes  NoI have made contact with the Aboriginal Support Worker at my institution  Yes  No**Financial Plan**

<b>Financial Projection</b>		
Estimated Costs	Current Year 20 _____	Next Year 20 _____
Tuition		
Books/Supplies		
Living Expenses		
Transportation		
Travel		

I am aware that the Band sponsorship does not provide enough to cover all expenses and have made sure to apply for other funding to help support my studies. I have made the following applications. They are: (Please List)

 SCHOLARSHIPS BURSARIES AWARDS PROVINCIAL/FEDERAL STUDENT LOANSI 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.

**CODE OF CONDUCT AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge

<b>Signature</b>	<b>Date</b>

<b>OFFICE USE ONLY</b>		
Request	Denied	Approved
(Reasons Attached)		
Application Received:		
File Number		
Total Number of months of living allowance		
Total Tuition		
Total Books/Supplies		
Total Living Allowance (If eligible)		
Signature of Education Coordinator		
Signature of Chief or Councillor (Education Portfolio)		