SKEETCHESTN INDIAN BAND

Post-Secondary Education Funding Application Form
for Returning Student

Office Use Only	
New Student ☐	Continuing ☐
Graduate ☐	Returning ☐

APPLICANT INFORMATION

Last Name		First		M.I.	Date		
Registration Number(Status)	687				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?				

Have you previously been sponsored by Skeetchestn Indian Band? YES ☐ NO ☐

SPOUSE'S INFORMATION

Last Name		Given Names					
SIN #		Employer					
Unemployed	YES ☐	Receiving other benefits?	YES ☐	NO ☐	Benefits (WCB, EI, Pension,		

How many months have you been living together? _____

DEPENDENTS

Dependents are : a person who is i) under 19 years of age; ii) relies on the student for support, and iii) resides with the student on a full-time basis.

Last Name	Given Names	Date of Birth	Relationship

PROGRAM INFORMATION			
Institution Name			Student Number
Program Name			Final Credential
Length of Program	Start Date		End Date
Occupational Field			
Full Time YES ☐ Part-time YES ☐	Current year of program	Previously funded year(s)_____	

EDUCATION AND TRAINING HISTORY					
Name of School	Location	Duration	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 (Dates)				
Number of Courses				
Number of Credits				
FT/PT				
List months for which living allowance requested:				
Total number of months of living allowance 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:
Year 6	Number of Courses:	Number of Credits:
TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:		
I have consulted with an academic advisor/career counsellor: YES ☐ NO ☐		
Is practicum placement or apprenticeship a required part of this program? YES ☐ NO ☐		
I have made contact with the Aboriginal support worker at my institution: YES ☐ NO ☐		

FINANCIAL PLAN

Financial Projection	Semester One	Semester Two
Estimated Costs	Current Year 20_____	Next Year 20_____
Tuition		
Books/Supplies		
Living Expenses		
Transportation		
Travel		

All students are expected to apply for as many bursaries and scholarships as possible. Please list below:

I have additional applications for funding. They are: (please list)	Successful? Yes or No
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 and that I have read and understand the Skeetchestn Post-Secondary Education Policy.

Signature	Date

OFFICE USE ONLY

Request (reasons attached) Approved Denied

Application received:

File Number:

Total number of months living allowance:

Total tuition:

SKEETCHESTN INDIAN BAND

SKEETCHESTN INDIAN BAND
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STUDENT SERVICES PROGRAM/MONTHLY ACADEMIC REPORT

_____
YEAR

PLEASE RETURN THIS REPORT BY THE LAST DAY OF EACH MONTH

Student Name: _____ Student #: _____

Address: _____
_____
_____

Phone #: _____

College/University: _____ Program/Grade/Course: _____

REPORT PERIOD: _____ TO _____
Month/Day Month/Day

Course Name:	Term/Marks Grades	Attendance
1.		
2.		
3.		
4.		
5.		
6.		

Student's Comments:

_____
_____
_____
_____

_____ _____ _____
Student's Signature Date Education Coordinator