

## Application Form Cover & Checklist: *Submit with Application*

Student name: \_\_\_\_\_ Status#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please verify that the following documents are included in your application package.


- Application form Pages 1-4 Completed and Signed
- Letter of Acceptance to program (proof of registration for continuing students)
- Official Transcripts  
(Current: provided by student)  
(Grade 12 official transcripts for new students)
- Photocopy of Status Card
- Personal Essay (Letter of Intent) – Use Appendix C or provide letter of similar content.

Please check to verify that you have read the Post Secondary Policy prior to application submission.

Please complete and submit all of the above documents to the Education Program Manager in person, by email [ksmith@aqam.net](mailto:ksmith@aqam.net) or [education@aqam.net](mailto:education@aqam.net) or mail to the address listed above.

It is necessary that you have read and fully understand the Post Secondary Student Support Policy. If you have any questions about the information in that document, please contact the Education Program Manager!

It is vital that you complete each section thoroughly and understand the expectations for you as a post-secondary student. If at any time you are not sure of the process, please contact the Program Manager at 250-426-5717 and arrange a time to discuss your application.

POST-SECONDARY EDUCATION FINANCIAL ASSISTANCE APPLICATION									
				7470 Mission Road, Cranbrook BC V1C 7E5 email: education@aqam.net					
				Continuing Student			New Student - Recent Gr 12 Grad		
				Waitlisted Student			New to Post-Secondary Student		
APPLICANT INFORMATION									
Last Name				First Name			Date		
Status Number #				Date of Birth					
Street Address							Apartment/Unit#		
City				Prov.		Postal Code			
Phone			Email Address:						
Years lived at address		SIN#		Emergency Contact			Contact Phone #		
Marital Status: Single				Married or Common Law			Separated/Divorced		
Are you currently employed?		YES		Employer			Hours per week		
If yes do you plan to continue working while attending school?				Yes		No		If yes, # of hours per week	
Emergency Contact Name			Phone Number:		Doctor's Name:			Doctor's Phone #	
SPOUSE'S INFORMATION (If applicable)									
Last Name				Given Name(s)					
Employed?		YES		Monthly Income:					
Unemployed?		YES		Receiving other Benefits? List Type:			Monthly Income:		
DEPENDENTS									
Dependents are those living in your home and that you and/or are financially responsible for.									
Relationship			Date of Birth		Last Name			Given Name(s)	

# ᑭᐱᑭᐱ Post Secondary Application Form

Appendix D

PROGRAM INFORMATION - For the year of application					
Institution Name		Student #			
Program Name					
Length of Program		Start Date		End Date	
Certification Level		<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD			
Full Time	YES	Part-time	YES	Current year of program	Total Years of Program
Are you under 27 years age and were in foster care or in care in a home of a relative for a minimum of 24 months? If yes, advise BC educational institute of eligibility for Tuition-Waiver <span style="float: right;">Yes      No</span>					
EDUCATION AND TRAINING HISTORY					
	Name of School	Dates Attended (Year to Year)	Level of Completion	Band Funded?	
High School					
Post-Sec					
Post-Sec					
Post-Sec					
Other					
STUDY PLAN For Upcoming Sponsorship Year (COMPLETE USING YOUR SCHOOL'S CALENDAR)					
	Fall Session	Winter Session	Spring Session	Summer	
Duration					
Number of Courses					
Number of Credits					
FT/PT					
List months for which living allowance requested (i.e. Sept - Apr):					
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:				Anticipated Year of 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					

# ᐅᐱᑦᐱᑦ Post Secondary Application Form

Monthly Budget Worksheet for Post-Secondary Students	
A) INCOME	MONTHLY
Post-Secondary Living Allowance - Amount requested:(See Policy 11.6.1 for maximums)	
From Spouse or Family (if applicable)	
From Employment (if applicable)	
Grants, Scholarships, bursaries (If applicable)	
All other income including Savings	
<b>TOTAL INCOME (ADD ALL OF A)</b>	\$ -
B) FIXED EXPENSES	
*Rent / Mortgage / Room and Board	
Food (meal plan if living on campus)	
Utilities	
Telephone/Cell Phone	
Internet/Cable	
Loan payments (if applicable)	
Car Payment (If applicable)	
Car Insurance/Registration	
Other; ie. daycare	
<b>Total Fixed Expenses (Add all of B)</b>	\$ -
C) FLEXIBLE EXPENSES	
Public Transportation (may be added if not included in tuition fees)	
Eating out at restaurants	
Clothing	
Entertainment	
Other	
<b>Total Flexible Expenses (Add all of C)</b>	\$ -
<b>Monthly Financial Outlook (Income – Fixed Expenses - Flexible Expenses) = A - B - C =</b>	\$ -
I believe that I will have sufficient funds to sustain myself while attending school. YES                      No <b>If no</b> , I plan to access as an additional funding source.	

# ʔaqam Post Secondary Application Form

TOTAL SPONSORSHIP REQUEST	
Name:	Date Application Submitted:
Sponsored from date:	Sponsored to date
Year of Program (i.e. 3 of 4)	
Total Tuition and mandatory fees:	
Monthly Living Allowance	Number of Months
Total Living Allowance:	
Total Cost for Required Textbooks:	
Additional Required Fees:	
Total Supplies/Equipment:	
Travel	Times/year
Cost per Trip	Total Travel:
<b>Total Request:</b>	
	\$ -
I have fully completed this application with accurate, truthful information.	Initials
I have read and understand the ʔaqam Post-Secondary Policy and agree to abide by all clauses contained in them.	Initials
I authorize ʔaqam staff to access information concerning my attendance and grades and understand I must submit a signed "Release of Information" from my Educational Institute.	Initials
I understand that I must submit monthly reports for the entirety of my sponsorship period, as well as submit midterm and final grades for all courses undertaken.	Initials
I understand that repayment orders will be issued for all costs (tution, books, equipment) associated with failed or incomplete courses; and for any time periods where I have misrepresented my course load or failed to report changes in the Study Plan outlined in this application.	Initials
I understand that the budget completed in this application is for the purpose of understanding the costs associated with becoming a student. I have not requested more than I need and that necessary supplementary funding (scholarships, employment) etc. is my responsibility.	Initials
I understand that should I fail to comply with the guidelines and policy contained in the ʔaqam Post-Secondary Student Support Program Policy, or should I knowingly provide false information regarding my application, and/or my status as a Post-Secondary student, that all financial support may be withheld or immediately terminated; and all funds paid on my behalf to be repaid in full.	
X Applicant Signature	
Motion Approved by Education Committee	YES NO
Date	

**PERSONAL ESSAY (LETTER OF INTENT)**

Student Name

Street Address

City, Province, Postal Code

Date:

**Re: Application for Post-Secondary Funding**I have applied for and been accepted in the \_\_\_\_\_ Program  
at \_\_\_\_\_.Completion of this program will grant me a  
certificate    diploma    undergraduate degree    post-graduate degree  
titled: \_\_\_\_\_.

My studies will take place    online    at Institution - starting (date)

The duration of this program is \_\_\_\_\_.

I have chosen this particular post/secondary program because \_\_\_\_\_.

I have chosen this particular post-secondary institution because \_\_\_\_\_.

Furthering my education is important to me because \_\_\_\_\_.

My previous educational experiences/achievements can be summarized as \_\_\_\_\_.

My ultimate career goal is

I have chosen this particular program and institution because

Education is important to me because

Education will improve my living situation by

If you were previously funded for post-secondary funding, list any extenuating circumstances of this application, such as rationale for repeating courses, taking programs in a previously taken level (i.e. new diploma or certificate where applicant already has a diploma or certificate in another program).

Indicate whether you will be relocating to attend school and the type of housing you have attained or hope to attain (e.g.) living in dorm residence, roommates, etc.

Please provide any additional information you would like the committee to consider regarding your application.