



# Skwxú7mesh Úxwumixw Ns7éyxnitm ta Snewéyalh Squamish Nation Education

320 SEYMOUR BLVD. - PO BOX 86131 - NORTH VANCOUVER - BC - V7L 4J5 - TELEPHONE (604) 980-4553 -- FAX (604) 980-4523

New student
  Returning Student
  Graduate
  Continuing

## Student Information:

Last Name		Given Name		
Band Number		SIN Number		Birth-date yy / mm/ dd
Street Address		City	Province	Postal Code
Years Lived in Canada	E-mail Address		Phone Number (     )	
Marital Status: Single <input type="checkbox"/>		Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Single Parent <input type="checkbox"/>
Are you currently employed    yes <input type="checkbox"/> no <input type="checkbox"/>		Employer		
If yes do you plan to continue employment:    part time <input type="checkbox"/> full time <input type="checkbox"/>				
<i>Please read the Policy on "Working and Full-Time Registration" in the "Policies and Procedures Handbook."</i>				

## SPOUSE'S INFORMATION

Last Name:		Given Names:		SIN#
Employed:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer:			
Unemployed:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Receiving Other Benefits    Yes <input type="checkbox"/> No <input type="checkbox"/>		Please State Benefits (UIC, W.C.B, Pension, etc.)	

## DEPENDANTS

(Children under the age of 19, living with you, and whom you have full legal custody)

Last Name	Given Names	Birthdate    yyyy/mm/dd	Relationship

Appendix 2

## EDUCATION HISTORY

Secondary School	Institution Name	Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Year
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GED/Level IV		Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Year

Vocational/Trades	Program	Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Completed
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College / University	Program	Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Completed
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Other	Program	Diploma/ Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Completed
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The above-noted information is correct. I hereby make application for post –Secondary funding in order to undertake the following:

**PROGRAM INFORMATION**

Institution Name		Student Number	
Program	Length of Program <input type="checkbox"/>	Current year of Program <input type="checkbox"/>	
Start Date	End Date		
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>		

<b>FOR OFFICE USE ONLY</b>			
Institution Code		Qualification Sought	Area of Study Code
Years Funded	ABE <input type="checkbox"/> Regular <input type="checkbox"/>	Probation Yes <input type="checkbox"/>	No <input type="checkbox"/>
Training Allowance Rate			\$

I accept responsibility for satisfying the academic or training requirements of the above- institution and managing the educational assistance funds to the best of my ability.

Signature of Applicant	Date
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