



POST SECONDARY FUNDING APPLICATION

CHECKLIST

Name: _____ Date: _____

Only complete funding applications, submitted as ONE COMPLETE PACKAGE, will be processed. The following checklist itemizes the requirements for a complete application.

Please INITIAL each below

1. Read the "Squamish Nation Post Secondary Education Program Policy" and understand the student responsibilities & sponsorship requirements _____
2. Completed Funding Application Form _____
3. Signed Academic Records Release Form _____
4. Copy of Status Card (*front & back*) _____
5. Prior school transcripts from Grade 12 (*or equivalent*) onward, including diplomas and certificates achieved (*Original documents only - photocopies not acceptable*) _____
6. Official letter of acceptance from a Public Post Secondary Institution _____
7. Direct deposit authorization form and void cheque or bank authorization _____
8. Submitted on or before the deadline: May 1st for Fall/Winter start; (*March 1st for Summer Start*) _____

Please INITIAL each above

Appendix 3





POST SECONDARY APPLICATION FORM

Office Use Only	SN Assessment Req. <input type="checkbox"/> Yes <input type="checkbox"/> No
New student <input type="checkbox"/>	Returning Student <input type="checkbox"/> Graduate <input type="checkbox"/> Continuing <input type="checkbox"/>

STUDENT INFORMATION

Last Name:		Given Name:			
Band Number:		SIN Number:		Birth-date: (yy/mm/dd)	
Street Address:			City:	Province:	Postal Code:
E-mail Address:			Phone Number:		
<i>Declaration of Residency:</i>					
I, _____ certify that I have been a resident in Canada for twelve consecutive months, prior to the date of this application.					
Signature:			Date:		
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:			
Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Employer:			
Dependents: Children under the age of 19, living with you full-time and who you have full legal custody of:					
Last Name:	Given Names:	Birthdate: (yy/mm/dd)		Relationship:	





EDUCATION HISTORY

Secondary School		Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Year
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
College/University	Program	Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Completed
Other	Program	Diploma/ Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Completed

I, the undersigned, declare that the above-noted information is complete and truthful and hereby make application for Post Secondary funding in order to undertake the following education program:

PROGRAM INFORMATION

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

I accept responsibility for meeting student sponsorship requirements, and certify that I meet the academic and/or training requirements of the above institution and program, and that I am capable of managing the educational assistance funds to ensure the completion of above indicated program.

Signature of Applicant	Date
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POST SECONDARY ACADEMIC RECORDS RELEASE FORM

Post Secondary funding is conditional upon the applicant signing a release form which permits the Squamish Nation Education, Employment and Training (EET) Department to obtain a sponsored student's registration documents, tuition invoices, transcripts, faculty progress reports, and attendance reports.

DECLARATION:

I hereby authorize the Squamish Nation EET Department the authority to request and obtain my registration documents, tuition invoices, transcripts, faculty progress reports, and attendance reports:

Student Name: _____ Signature: _____

Student Number: _____ Date: _____





Direct Deposit Authorization

PLEASE RETURN TO ACCOUNTS PAYABLE

- Please complete this form and return it to Squamish Finance Office.
- Be sure to include a voided (Cancelled) cheque from your account or a direct deposit advice from your financial institution. The details from the cheque or bank advice slip will be used to verify the account details.

Payee or Company Name:	PHONE NUMBER
Address:	City/Province :
Email Address for payment notification:	

Bank / Financial Institution and Transit Number:

Primary Account Number:

I(we) authorize Squamish Nation and the above Financial Institution to deposit payments automatically into my account in settlement of invoices outstanding. This authorization may be cancelled at any time upon written notice. Any changes in the account information will need to be communicated immediately to avoid potential delays in processing payments.

_____ (Signature) _____ (Date)

PLEASE ATTACHED VOID CHEQUE OR BANK PRINT OUT

