

Appendix 1 APPLICATION FOR FUNDING

Application for Nisga’a Post-Secondary Education Assistance Program (NSPEAP)

How to complete this application: Print clearly and complete all sections in ink. You must submit your completed application to your respective Nisga’a Village Administering Authority. The Administering Authority will determine your eligibility, based on the policy set out by Nisga’a Lisims Government.

Section A: Personal information Application must be completed in ink	
Last Name <input type="text"/>	Social Insurance Number <input type="text"/>
First Name and Middle Initial <input type="text"/>	Student Number (if known) <input type="text"/>
Permanent Mailing Address <input type="text"/>	Date of Birth Year Month Day <input type="text"/>
	Nisga’a Citizenship Number or ancestry: <input type="text"/>
Have you accessed any Post-Secondary funding from another Nisga’a village or another First Nation Band ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address: <input type="text"/>
Have you transferred your village membership from the time of your application for citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Local Address <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	Number of dependents : _____
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single parent <input type="checkbox"/> Common Law <input type="checkbox"/> Separated	Name and DOB for Dependents: <input type="text"/>

Employed spouse source of income:	Spouse income: <input type="checkbox"/> Less than \$30,000 annually <input type="checkbox"/> \$30,000 to \$60,000 <input type="checkbox"/> \$60,000 or more
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Education Plan

<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Level of Study (as per section 14 of NPSEAP): <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	What year of your plan are you in: _____ Length of Program: _____
Program of Studies: _____	Start Date: _____ End Date: _____

Education History

School Name	Program	Completion	Year
Secondary			
College			
University			
Other			

I hereby apply for financial assistance under the Nisga'a Post-Secondary Assistance Program. I confirm that the information provided in my application is accurate.

I authorize the Nisga'a Village of _____ to access information pertaining to this application for the purposes of confirming Nisga'a citizenship and administering the Nisga'a Post-Secondary Assistance program and my eligibility.

I agree:

1. To provide proof of registration to the institution to which I have made application
2. To authorize the Education Administrator to inform

Signature

Date