

1. Click on START or move cursor to the first field with the red *

PO Box 233 - 5200 Skateen Avenue - New Aiyansh, BC - V0J 1A0



Education Department

Start

NAME: *

DATE: *

NOTE: All applicants must re-apply each academic year September to April = Term 1 & Term 2

REQUIRED DOCUMENTS TO SUPPORT YOUR APPLICATION ARE LISTED BELOW:		Initial
1	Post-Secondary Funding Application (Appendix 1)	*Initials
2	Consent to Disclose Information (Appendix 5)	*Initials
3	Consent to Disclose Information - Post Secondary Institution	*Initials
4	Student Contract (Appendix 2)	*Initials
5	Letter of Acceptance	*Initials
6	Letter of Intent	*Initials
7	Program Outline	*Initials
8	Cost of Tuition	*Initials
9	Cost of Books/Supplies	*Initials
10	Academic Plan	*Initials
11	Official Transcript	*Initials

2. Click on NEXT to go to the next field or move the cursor to the next red *

Adobe Sign ~ 1. Full Application Package

Options ▾

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Education Department

Next

NAME: *

DATE: *

NOTE: All applicants must re-apply each academic year September to April = Term 1 & Term 2

REQUIRED DOCUMENTS TO SUPPORT YOUR APPLICATION ARE LISTED BELOW:	Initial
1 Post-Secondary Funding Application (Appendix 1)	*Initials
2 Consent to Disclose Information (Appendix 5)	*Initials
3 Consent to Disclose Information - Post Secondary Institution	*Initials
4 Student Contract (Appendix 2)	*Initials
5 Letter of Acceptance	*Initials
6 Letter of Intent	*Initials
7 Program Outline	*Initials
8 Cost of Tuition	*Initials
9 Cost of Books/Supplies	*Initials
10 Academic Plan	*Initials
11 Official Transcript	*Initials

3. Keep clicking on next to complete all fields with the red *
You will notice the total number of required (*) fields will go down as you are filling them in

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Options ▾

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Education Department

NAME: M

DATE: 0

NOTE: All applicants must re-apply each academic year September to April = Term 1 & Term 2

Next required field 502

REQUIRED DOCUMENTS TO SUPPORT YOUR APPLICATION ARE LISTED BELOW:	Initial
1 Post-Secondary Funding Application (Appendix 1)	MM x
2 Consent to Disclose Information (Appendix 5)	MM x
3 Consent to Disclose Information - Post Secondary Institution	MM x
4 Student Contract (Appendix 2)	Click to change
5 Letter of Acceptance	*Initials
6 Letter of Intent	*Initials
7 Program Outline	*Initials
8 Cost of Tuition	*Initials
9 Cost of Books/Supplies	*Initials
10 Academic Plan	*Initials
11 Official Transcript	*Initials

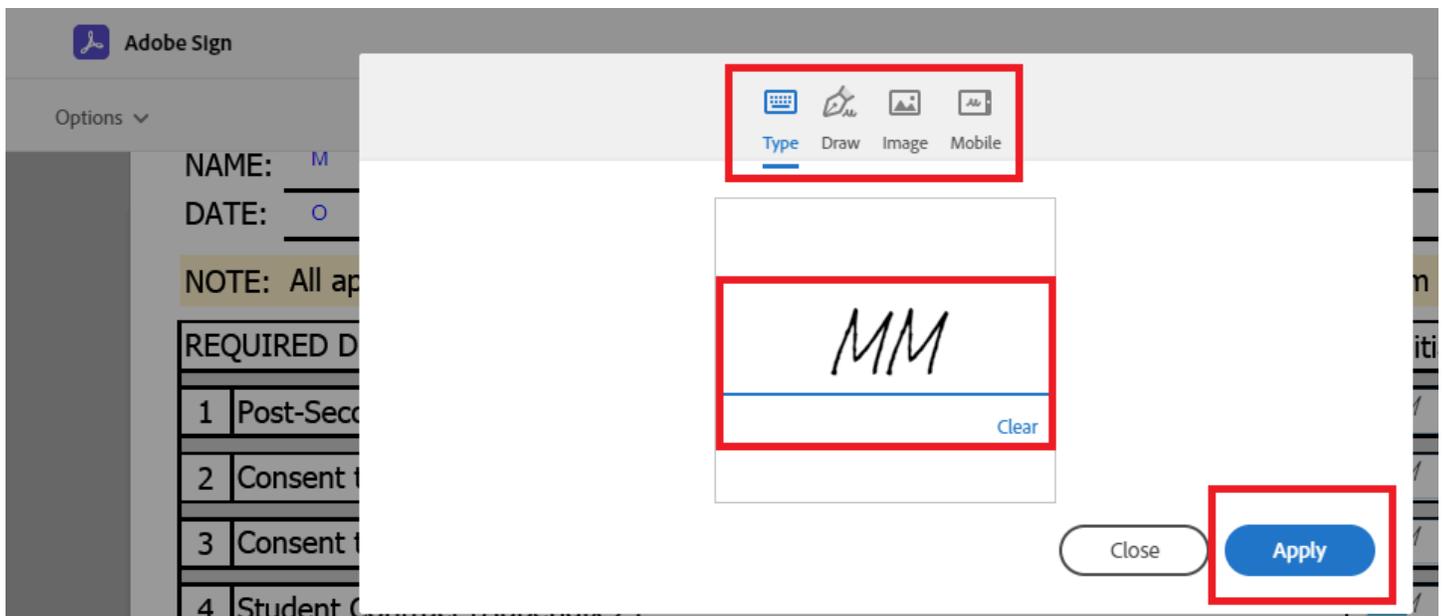
4. When you get to the signature and initials, just click on the **CLICK HERE TO SIGN**

The screenshot shows the Adobe Sign interface for a document titled "~ 1. Full Application Package". The document text includes several numbered items (e, f, 2, a, b, c, d, e, f) regarding assistance and agreement. Below the text, there is a line for the agreement's effective date, followed by the name "Monica Morven, Post-Secondary Counsellor" and her title "Education Admin". A "Click to change" button is next to her name. At the bottom, there are two signature fields: "Student signature" and "Date". Both fields have a yellow box with a red asterisk and the text "Click here to sign". A yellow arrow labeled "Next" points to the right.

5. This window will pop up. You will have options to **TYPE** in your name, **DRAW** with your finger, **INSERT** an image, it's dependent on the device used.

Once done click on **APPLY**.

The screenshot shows the Adobe Sign signature pop-up window. At the top, there are four icons: a keyboard (Type), a pen (Draw), a picture (Image), and a mobile device (Mobile). Below these icons is a blue box with the text "Draw or take a picture of your signature using your mobile device." The main area of the pop-up has the text "Type your signature here" above a horizontal line. A red arrow points from the "Apply" button at the bottom right to the signature line. The "Apply" button is highlighted with a red box. Below the pop-up, the document text is visible, including "I authorize the Nisga'a Village of New Aiyansh to access information pertaining to this application..." and "I agree:" followed by two numbered items. The "Signature" and "Date" fields at the bottom are also visible, with the "Signature" field having a yellow box with a red asterisk and the text "Click here to sign". A yellow arrow labeled "Next" points to the right.



6. When you get to the end of the forms, if the next step doesn't pop up, it's an indication that all of the required (*) fields aren't completed. Click on NEXT to go to the fields that aren't finished.

Adobe Sign

Options ▾ ~ 1. Full Application Package

Next required field 7

ACADEMIC PLAN									
YEAR APPLIED	2021	LAST NAME	Morven	FIRST NAME	Monica				
PROGRAM OF STUDY	Health Information Sciences			No. YRS. REQ.	4				
PROGRAM START DATE	7 September 2021	END DATE	24 August 2022	Yr. of Graduation	2022				
ACCREDITED INSTITUTION	Douglas College								
MAILING ADDRESS	PO Box 1234 - 4561 Adams Crescent, New Aiyansh, BC								
POSTAL CODE	V0J 1A0	CONTACT PERSON	Jody Foster						
CONTACT NUMBER	250-999-8888	EMAIL ADDRESS	jodyfoster@hollywood.ca						
FAX NUMBER	250-777-6666								
FALL COURSES YR. 4	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE	
HDCR 540	3	900.00	HDCR 440	YES	Tuesday	3:40	7 September 2021	17 Dec 2021	
etc.	3	900.00	etc.	YES	Thursday	2:00	7 September 2021	17 Dec 2021	
etc.	3	900.00	etc.	YES	Wednes...	11:30	7 September 2021	17 Dec 2021	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	9	2700.00							
WINTER COURSES YR. 4	CREDITS	COST	PRE. REQ.	DONE	DAY	TIME	START OF COURSE	END OF COURSE	
HDCR 640	3	900	HDCR 540	YES	Monday	10:00	10 January 2022	23 April 2022	
etc.	3	900	etc.	YES	Wednes...	4:30	10 January 2022	23 April 2022	
etc.	3	900	etc.	YES	Friday	9:00	10 January 2022	23 April 2022	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	*N/A	N/A	N/A	N/A
TOTALS	N/A	N/A							

(year 1, 2, 3, & 4 must be filled in if you are entering into year 4)

Next

Monica (Aug 12, 2021)

7. You will be brought back to all the fields that are not yet filled.

Review and Sign | health information sciences cour | +

https://na3.documents.adobe.com/public/esign?tsid=CBFCIBAA3AAAABlqZhCaWLS0a8S88rVgVhBj1eVxj73Zlsvx51hxLP-_DDQKnaOjgKkX7EvJQZkrboGPjeoigcyashDVplBK_kWrZ&

Adobe Sign

Options ~ 1. Full Application Package Next required field 7

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 N	Social Insurance Number I
First Name and Middle Initial C	Student Number (if known) A
Permanent Mailing Address D A E	Date of Birth Year Month Day
	L
Have you accessed any Post-Secondary funding from another Nisga'a village or another First Nation Band ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Nisga'a Citizenship Number or ancestry: Nisga'a Citizenship #: M Village Membership #: O
Have you transferred your village membership from the time of your application for citizenship? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Email Address: *
Local Address (while in school) R V E	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single parent <input type="checkbox"/> Common Law <input type="checkbox"/> Separated	Number of dependents : N Name and DOB for Dependents: 1 2 3 4

Next

8. Once all the fields are filled you will see the SAVED button & the CLICK TO SIGN button. Click on the CLICK TO SIGN button, and this will end the process.

N	I
First Name and Middle Initial C	Student Number (if known) A
Permanent Mailing Address D A E	Date of Birth Year Month Day
	L
Have you accessed any Post-Secondary funding from another Nisga'a village or another First Nation Band ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Nisga'a Citizenship Number or ancestry: Nisga'a Citizenship #: M Village Membership #: O
Have you transferred your village membership from the time of your application for citizenship? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Email Address: q
Local Address (while in school) R V E	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single parent <input type="checkbox"/> Common Law <input type="checkbox"/> Separated	Number of dependents : N Name and DOB for Dependents: 1 2 * 3 4

Saved

By signing, I agree to both this agreement and the [Consumer Disclosure](#). My use of Adobe Sign is governed by the [Adobe Terms of Use](#).

Click to Sign

9. This message will pop up when you have completed the process. You and I will receive a copy of the completed form via email.



You're all set

You finished signing "~ 1. Full Application Package".

We will email the final agreement to all parties. You can also [download a copy](#) of what you just signed.