



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Post-Secondary Support Program Application

MAIL, FAX, or E-MAIL
 Huu-ay-aht Government Office
 4644 Adelaide St.,
 Port Alberni, BC V9Y 6N4
 Phone: 250.723.0100
 Fax: 250.723.4646 E-mail:
 education@huuayaht.org

Submit before March 31 to ensure consideration for September sponsorship. However, applications are accepted at any time during the year.

Office Use Only	
New Student <input type="checkbox"/>	Continuing <input type="checkbox"/>
Graduate <input type="checkbox"/>	Returning <input type="checkbox"/>
Trades <input type="checkbox"/>	

Applicant Information

Last Name	First Name	Middle Name(s)	Date of Birth
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone(s)	E-mail Address		
Are you a Huu-ay-aht Citizen, as defined by the Huu-ay-aht Citizenship and Treaty Enrolment Act? If "No", you are not eligible to apply for the HFN PSSP.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marital Status		Single <input type="checkbox"/>	Married/Common Law <input type="checkbox"/>
		Separated/Divorced <input type="checkbox"/>	
If Single , are you living in your parent's home?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Employer
If yes, do you plan to continue employment during schooling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many hours per week?
Are you or have you ever lived as a child or youth in care in the province of British Columbia (i.e. in foster care)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Spouse Information (if applicable/applying for Living Allowance)

Last Name	Given Names
Unemployed? <input type="checkbox"/>	Employer

Dependents (if applicable/applying for Living Allowance)

Dependent children must be living with student, be already supported by student, and be under the age of 19. A child for whom a student is paying court ordered child support cannot be claimed as a dependent. Spouses/partners with no income who are living with the student can be claimed as dependents only if there are dependent children in the home under the age of 6. Attach additional paper if necessary.

Last Name	Given Names	Date of Birth	Relationship

Financial Information (if applying for Living Allowance)

Personal Income	\$	Spousal Income	\$
Annual Household income (combined spousal and student income per year; check one)	Less than \$15 000	<input type="checkbox"/>	\$15 000 to \$19 999
	\$20 000 to \$29 999	<input type="checkbox"/>	\$30 000 to \$39 999
	More than \$40 000	<input type="checkbox"/>	

Education and Training History

Please provide a list of all the schools you have attended and the results

Name of School	Years	Results (certificate, diploma, etc.)

Employment History

Please provide a brief description of your work history

Employer	Years	Job Description

Program Information

Institution Name			Student Number		
Program Name					
Program Length		Start Date		End Date (anticipated)	
Full Time	Yes <input type="checkbox"/>	Part Time	Yes <input type="checkbox"/>	Current Year of Program	

For the upcoming funding period (September – August or January – December, I plan to complete the following courses/year of program:

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My long term goal is (provide as much detail as possible):

Describe the employment opportunities that are available as a result of this training and education

Describe what you are doing to ensure that you are successful in your goals

Study & Financial Plan	
I am applying for HFN PSSP for (check all that apply)	<input type="checkbox"/> Tuition
	<input type="checkbox"/> Books
	<input type="checkbox"/> Relocation Travel
	<input type="checkbox"/> Special Clothing & Equipment (attach information)
	<input type="checkbox"/> Living Allowance
List months for which living allowance requested	
Total number of months of living allowance requested	
I have consulted with an academic advisor/career counsellor	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have made contact with Aboriginal Student Services at my institution	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received a "Passport to Education"? If yes, what is the value of your passport to education?	Yes <input type="checkbox"/> No <input type="checkbox"/> Value: \$
Financial Projection (*see budget worksheet)	
Tuition	\$
Books	\$
Living Expenses	\$
Transportation	\$
Travel	\$
Additional Funding Sources	
I have additional applications for funding. They are:	
Scholarships	\$
Bursaries	\$
Awards	\$
Provincial/Federal Student Loans	\$
Code of Conduct and Signature	

I confirm that the above information provided is complete and accurate. I accept responsibility for satisfying the academic requirements of the above institution and managing the education funds to the best of my ability.

x

Student Signature

Date

Further Attachments to submit before final approval of application

ALL students:

- signed student funding agreement
- consent to release information

Continuing/Returning students:

- copy of registration details
- copy of most recent grades

NEW students:

- acceptance letter from institution
- proof of completed assessments as required for the program

If applying for LIVING ALLOWANCE:

- Tax assessment or T4 for self and spouse (if applicable)



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Post-Secondary Support Program Application Student Funding Agreement

Your responsibilities are to:

1. Discuss your educational plan with the HFN Education Coordinator and ensure that the school and program you have chosen to attend or are attending is the best choice to fulfil your goals.
2. Attend classes. Continual absences may result in failing grades and suspension of funding.
3. Complete all HFN sponsored courses and programs with a minimum "C" grade or better. The HFN PSSP will not sponsor retaking failed and/or incomplete courses.
4. In your **first year of funding**, maintain a course load of three (3) courses and/or nine (9) credits with a minimum "C" grade or better to continue receiving funding.
5. **Continuing or returning students** must maintain a course load of four (4) courses and/or twelve (12) credits with a minimum "C" grade or better to continue receiving funding.
6. Students in their **first year of funding** must provide an interim report for all courses no later than the tenth week of their first term. No further funding will be released until this report is received.
7. **All students** are required to submit their term's grades to the HFN Education Coordinator no later than the 15th of the month following the end of the term.
8. Notify the HFN Education Coordinator immediately if you experience difficulty in your program so that you may be provided with assistance.
9. Communicate with the HFN Education Coordinator.

I, _____, have read and understood the above and agree to these conditions and requirements. Further, I understand that failure to fulfil these requirements and conditions may result in my funding being suspended.

x

Student Signature

Date



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Post-Secondary Support Program Application Consent to Release Information

Personal Information			
First Name		Last Name	
SIN (Social Insurance #)			
Mailing Address		Educational Institution Information	
Address		Institution Name	
City, Province		Student #	
Postal Code		Institution Address	

I provide my consent to allow the Huu-ay-aht Education Department to request copies of information from the Educational Institution listed above for the sole purpose of determining my eligibility for Post-Secondary Funding.

✕

Signature

Date

The personal information collected in this application is collected and protected under the *Huu-ay-aht First Nations Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of determining eligibility for the HFN PSSP. Please contact the HFN Law Clerk at 250.723.0100 / lawclerk@huuayaht.org if you have any questions or concerns about how your information is used and protected.

OFFICE USE ONLY

The Huu-ay-aht Education Department is requesting the following information as permitted by the above signed Consent to Release Information Form:

- Transcripts for the period between _____ and _____
- Other: _____