



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Post-Secondary 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

Applications are accepted at any time during the year. It is recommended that you apply for sponsorship consideration at least two months prior to the start of a proposed program.

Office Use Only

New Student Continuing
 Graduate Returning
 Trades

Student Applicant Information

Last Name:		Given Name(s):		Date of Birth:	
Street Address:				Apartment/Unit #:	
City:				Prov.:	Postal Code:
Phone #:		E-mail:			
Alt. #:		Alt. E-mail:			
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 PSP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Marital Status:	Single <input type="checkbox"/>	Married/ Common Law <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:	
Employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Employer:

Dependents (if applicable/applying for Living Allowance)

Dependent children must be living with you, be already supported by you, 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. Elders with no income who are living with an adult student may be claimed as dependents. 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)		Less than \$15 000 <input type="checkbox"/>	\$15 000 to \$19 999 <input type="checkbox"/>
		\$20 000 to \$29 999 <input type="checkbox"/>	\$30 000 to \$39 999 <input type="checkbox"/>
		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.)

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 <input type="checkbox"/>	Part Time <input type="checkbox"/>	Current Year of Program:	
Program Type			
Post-Secondary <input type="checkbox"/>	Trades/Applied Technology <input type="checkbox"/>	Adult Basic Education <input type="checkbox"/>	Upgrading/Post-Secondary Preparation <input type="checkbox"/>

For the upcoming semester, I plan to complete the following courses/year of program:

My long term goal is (provide as much detail as possible; attach additional pages if necessary. This information may be referred to for future sponsorship approval so should align with your education pathway):

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

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

Study & Sponsorship Plan	
<i>I am applying HFN PSP for (check all that apply)</i>	<input type="checkbox"/> Tuition
	<input type="checkbox"/> Books
	<input type="checkbox"/> Living Allowance
	<input type="checkbox"/> Special Clothing & Equipment (attach information)
	<input type="checkbox"/> Relocation Travel
	<input type="checkbox"/> Transit Pass/Parking Pass
	<input type="checkbox"/> Computer hardware and/or software (attach information)
<i>I have consulted with an academic advisor/career counsellor at my institution</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>I have made contact with Indigenous Student Services at my institution</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 my sponsorship to the best of my ability.

x _____
Student Signature **Date**

Further Documentation to submit before final approval of application

<p><u>ALL students:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> signed HFN PSP agreement <input type="checkbox"/> copy of registration details <input type="checkbox"/> signed Authorization to Release Information form from your educational institution <p><u>Continuing/Returning students:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> copy of most recent grades/transcript 	<p><u>NEW students:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> acceptance letter from institution <p><u>**If applying for LIVING ALLOWANCE above base amount of \$1500/month:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Tax assessment or T4 for self and spouse (if applicable) <input type="checkbox"/> copy of rental agreement to support your application (if applicable)
---	--



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Post-Secondary Program Application Student Sponsorship Agreement

Your responsibilities are to:

1. Discuss your educational plan with the HFN Education Department 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 sponsorship.
3. Complete all HFN sponsored courses and programs with a minimum "C" grade or better.
4. In your **first year of sponsorship**, maintain a course load of three (3) courses 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 with a minimum "C" grade or better to continue receiving funding.
6. Students in their **first year of sponsorship** 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 Department no later than the 15th of the month following the end of the term.
8. Notify the HFN Education Department immediately if you experience difficulty in your program so that you may be provided with assistance and support.
9. Communicate with HFN Education.

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 sponsorship being suspended.

×

Student 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 PSP. 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.