



# Snuneymuxw First Nation Education

668 Centre Street, Nanaimo, BC V9R 4Z4

Ph: 250-740-2300 Fx: 250-753-3492

Email: nancys@snuneymuxw.ca

## APPLICATION FOR POST SECONDARY SPONSORSHIP

### APPLICANT INFORMATION

New Student       Returning Student       Graduate       Continuing

Name:

*Last Name*

*First Name*

*Middle Name(s)*

Date of Birth:

Status Number:

Current address:

City:

State/Province:

Postal Code:

Email:

Ph. Number:

Ph. Msg:

Marital Status:     Single     Married     Common Law     Single Parent

*List of Dependents (Please attach a copy of your GST Remittance)*

**LAST NAMES**

**GIVEN NAMES**

**DATE OF BIRTH**

**STATUS NUMBER**

**BAND NAME**

1.

2.

3.

4.

5.

### SPOUSE INFORMATION

Name:

*Last Name*

*First Name*

*Middle Name(s)*

Date of Birth:

Status Number:

Band Name:

Spouses Source of Income:

### PROGRAM INFORMATION

Institution Name:

Address:

Student Number:

Program:

Length of Program:

Current Year of Program:

Start Date:

End Date:

Full Time

Part Time

### PLEASE READ CAREFULLY

1. I CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE, I UNDERSTAND THAT MISREPRESENTATION OF THIS INFORMATION IN ANY WAY MAY CAUSE MY APPLICATION TO BE REJECTED OR I MAY BE WAITLISTED FOR FUNDING
2. I have read the Post-Secondary Policy and signed my Student Contract
3. I also understand that Supplies are not covered
4. Students may be asked to provide their course syllabus at the request of the Education Department

I have read and hereby acknowledge and accept all terms and conditions present. I also understand that any funding I receive will be set in accordance with information that I provide.

Signature of applicant

Date



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## POST SECONDARY SPONSORSHIP

*This Document is faxed to University*

### APPLICANT INFORMATION

Name:

*Last Name*

*First Name*

*Middle Name(s)*

Date of Birth:

Status Number:

Current address:

City:

State/Province:

Postal Code:

Email:

Ph. Number:

Ph. Msg:

### PROGRAM INFORMATION

Institution Name:

Campus( if applicable):

Student Number:

Address:

### STUDENT CONSENTS TO RELEASE OF ALL INFORMATION TO SPONSOR (SFN)

Progress Reports

Attendance

Transcripts

\*\*\*Must have 12 credits (full-time students)\*\*\*

Signature of Student

Date

### FOR OFFICE USE ONLY: STUDENTS MUST OPT OUT OF DENTAL, MEDICAL AND UPASS

Start Date:

Full Tuition, Student & Activity Fees

End Date:

No Dental, Medical or UPASS

Program:

Application Processing Fee

Text Books ONLY

Other

**Note to Institution:** Should you require Sponsor to fill out third-party documents please contact Education Coordinator directly

**Sponsor Name: Snuneymuxw First Nation**

**Contact Person: SFN Education Coordinator**

Current address: 668 Centre Street

City: Nanaimo

Province: BC

Postal Code: V9R 4Z4

Email: nancys@snuneymuxw.ca

Ph. Number: (250) 740-2315

Fax: (250) 753-3492

Authorized Signature

Nancy Seward, SFN Education Director

Date



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## POST SECONDARY INDIVIDUAL CHECKLIST

- Student's current application for funding
- Photocopy of Status Card
- Photocopy of Birth Certificate
- Proof/Statement that residency requirement is met **(USA Students Only)**
- Program meets eligibility requirement
- Copy GST remittance (July)
- Proof of academic year with satisfactory academic standing  
**(Unofficial or Official Transcripts, NEW Students Only)**
- Any Correspondence between the Education Staff and the Student
- Two Page Essay Attached – Education Goal **(NEW Students Only)**
- Signed Student Contract – ALL Students

**Please Ensure You Provide All Documentation Required**

\*\*\*This Checklist must be completed Every School Year by April 30<sup>th</sup>, Annually\*\*\*