



Nisga'a Village of Gitwinksihlkw

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Gitwinksihlkw, B.C. V0J 3T0

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TO: Laura FAX: 604 646 4955
 DATE: Aug 23/16 SUBJECT: GUG Funding application
 PAGES: 3 includ cover

COMMENTS:

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Status of original To follow by mail _____ To remain in this office _____ Other _____.

From the desk of...
Farrah Gillis
 Secretary-Receptionist/Postal Clerk
 Nisga'a Village of Gitwinksihlkw
 Box 1 Gitwinksihlkw, BC V0J-3T0
 Work @ 250-633-2294
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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	Social Insurance Number																														
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First Name and Middle Initial	Student Number (if known)																														
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Permanent Mailing Address	Date of Birth																														
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%;">Year</td> <td style="border: 1px solid black; width: 25%;">Month</td> <td style="border: 1px solid black; width: 25%;">Day</td> <td style="border: 1px solid black; width: 25%;"></td> </tr> <tr> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> </table>	Year	Month	Day																											
Year	Month	Day																													
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 Have you transferred your village membership from the time of your application for citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nisga'a Citizenship Number or ancestry: Email Address:																														
Local Address	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:																														

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