



**LOWER NICOLA INDIAN BAND
POST SECONDARY FUNDING APPLICATION
Academic Year 2020/2021**

FUNDING APPLICATION FORM

APPENDIX 6

(OFFICE USE)

Date Received:	Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	New Student: <input type="checkbox"/>			
Application Completed on:	Continuing: <input type="checkbox"/>				
Date Approved:	Grade 12 Grad: <input type="checkbox"/>				
*** Please fill in all sections below, incomplete applications will cause delay ***					
APPLICANT'S PERSONAL INFORMATION (Please Print Clearly)					
Name:	Phone: ()	Mobile:			
Status #:	Date of Birth:	Email:			
Mailing Address:					
IMMEDIATELY INFORM THE EDUCATION PROGRAM DEPT OF ANY CHANGES TO YOUR ADDRESS					
Have you lived in Canada for at least 12 months prior to your initial application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single Parent		# of minor children living with you:			
Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, EI <input type="checkbox"/> SA <input type="checkbox"/> Contact #:			
Name of Dependents:	Age	Name of Dependents:			
1		2			
3		4			
5		6			
PREVIOUS EDUCATION (Please Print Clearly)					
School/Training	Name of institution	Location	Program	Year of completion	Credential / Qualification
High School					
Community College					
Technical College					
University					
Other (Specify)					
Previously Sponsored by LNIB? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date & Program:		# of years completed:	
PROGRAM INFORMATION (Please Print Clearly)					
Name of Post-secondary Institute:			Program entering into:		
Address of Post-secondary Institute:			Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>
Fax Number of the Registrar/Admissions: ()			Length of Program: Yrs		Mos
Name of Academic Advisor:			Phone Number:()		
Qualifications Sought: Credits <input type="checkbox"/> Certificate Degree <input type="checkbox"/> Qualifying Year <input type="checkbox"/> Other <input type="checkbox"/>					
Start Date of Program:		End Date of Entire Program:		Currently in Year 1 2 3 4 5	
Taking a Practicum this Year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date:		End date:	
Do you require Summer Funding? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, start date:			



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STUDENT EDUCATION PLANNER

APPENDIX 7

Fall	Credits	Winter/Spring	Credits	Summer	Credits
1)		1)		1)	
2)		2)		2)	
3)		3)		3)	
4)		4)		4)	
5)		5)		5)	
6)		6)		6)	

Note: Full-Time Equivalency as in the policy of the attending institution (typically 3 courses or 9 credits per semester). A complete application MUST include summer courses. Approval of summer courses dependent on available funding.

STUDENT WAIVER FORM

APPENDIX 8

Student Name:		Phone Number:	
School Name:	Student Number:	S.I.N Number:	
Mailing Address:		Postal Code:	

I, _____ hereby authorize _____ to give the Lower Nicola Indian Band Education Department information regarding my attendance, transcripts, schedules and any other pertinent information related to my Education while attending your institution. This waiver will include _____ semester(s), and Summer Semester if applicable, for the _____ academic year.

The information will be kept confidential and will be used to make decisions for my benefit.

Student Signature

Date

Education Department Signature

Date