	Appendix A					
MA`QA?	Post Secondary Education					
7470 N	7470 Mission Road Cranbrook, BC V1C 7E5 t 250 426 5717 www.aqam.net					
Application Form Cov	ver & Checklist: Submit with Application					
Student name:	Status#:					
Address:						
	Email:					
Please verify that the followin	g documents are included in your application package.					
Application form Pages 1-4 Cor	npl <mark>eted and Signed</mark>					
Letter of Acceptance to program	m (proof of registration for continuing students)					
Official Transcripts						
(Current: provide	d by student)					
(Grade 12 official	transcripts for new students)					
Photocopy of Status Card						
Personal Essay (Letter of Inten	t) – Use Appendix C or provide letter of similar content.					
Banking Information – Complete Appendix D or provide void cheque or banking details from your bank.						
Please complete and submit all of the above documents to the Education Program Manager in person, by email <u>ksmith@aqam.net</u> or education@aqam.net or mail to the address listed above.						
It is necessary that you have read and fully understand the Post Secondary Student Support Policy. If you have any questions about the information in that document, please contact the Education Program Manager!						
It is vital that you complete each section thoroughly and understand the expectations for you as a post-secondary student. If at any time you are not sure of the process, please contact the Program Manager at 250-426-5717 and arrange a time to discuss your application.						

?aqam Post Secondary Application Form

Appendix B

7470 Mission Road, Cranbrook BC V1C 7E5 email: education@aqam.net Continuing Student New Student - Recent Gr 12 Grad Waitlisted Student New Student - Recent Gr 12 Grad Waitlisted Student New to Post-Secondary Student APPLICANT INFORMATION Entry Last Name First Name Street Date of Birth Street Apartment/Unit# Address Apartment/Unit# City Prov. Postal Code Phone Email Address: Contact Phone # Years lived at address SIN# Emergency Contact Contact Phone # Married status: Single Married or Common Law Separated/Divorced Are you currently employed? YES Employer Hours per week If yes do you plan to continue working while attending school? Yes No If yes, # of hours per week SPOUSE'S INFORMATION (If applicable) Last Name Given Name(s) Employed? YES Employed? YES Monthly Income: Monthly Income: Doctor's Name: Doctor's Phone # SPOUSE'S INFORMATION (If applicable) Last Name Given Name(s) Employed?	POST-SEC	CONI	DARY	Y EDUCA	TION	FINANCIAL AS	SSISTANC	E APPLICATION
Waitlisted Student New to Post-Secondary Student APPLICANT INFORMATION Last Name First Name Date Status Number # Date of Birth Street Address Apartment/Unit# City Prov. Postal Code Phone Email Address: Contact Phone # Years lived at address SIN# Emergency Contact Contact Phone # Marital Status: Single Married or Common Law Separated/Divorced Are you currently employed? YES Employer Hours per week If yes do you plan to continue working while attending school? Yes No If yes, # of hours per week SPOUSE'S INFORMATION (If applicable) Last Name Given Name(s) Employed? YeS Monthly Income: Unemployed? YES Monthly Income: Monthly Income: Detor's Phone # Detor's Phone	512	2	Δ	Ο'Δ	ЛЛ			
APPLICANT INFORMATION Last Name First Name Date Status Number # Date of Birth	77			U A		Continuing Student	New Stud	lent - Recent Gr 12 Grad
Last Name First Name Date Status Number # Date of Birth Apartment/Unit# Street Address Apartment/Unit# Apartment/Unit# City Prov. Postal Code Phone Email Address: Contact Phone # Years lived at address SIN# Emergency Contact Contact Phone # Marital Status: Single Married or Common Law Separated/Divorced Are you currently employed? YES Employer Hours per week If yes do you plan to continue working while attending school? Yes No If yes, # of hours per week SPOUSE'S INFORMATION (If applicable) East Name Given Name(s) Employed? Last Name YES Monthly Income: Monthly Income: Unemployed? YES Receiving other Benefits? List Type: Monthly Income: DEPENDENTS Employee YES Monthly Income:						Waitlisted Student	New to 2	Post-Secondary Student
Status Number # Date of Birth Street Address Address Prov. City Prov. Phone Email Address: Years lived at address SIN# Marital Status: Single Married or Common Law Separated/Divorced Are you currently employed? YES If yes do you plan to continue working while attending school? Yes No If yes, # of hours per week While attending school? Phone Number: Doctor's Name: Doctor's Name: Doctor's Phone # SPOUSE'S INFORMATION (If applicable) Employee? Last Name Given Name(s) Employed? YES Monthly Income: Unemployed? YES Receiving other Benefits? List Type: Monthly Income: <td>APPLICANT II</td> <td>NFOF</td> <td>RMATI</td> <td>ON</td> <td></td> <td>•</td> <td></td> <td></td>	APPLICANT II	NFOF	RMATI	ON		•		
Street Apartment/Unit# Address Prov. Postal Code Phone Email Address: Prov. Years lived at address SIN# Emergency Contact Contact Phone # Marital Status: Single Married or Common Law Separated/Divorced Are you currently employed? YES Employer Hours per week If yes do you plan to continue working while attending school? Yes No If yes, # of hours per week SPOUSE'S INFORMATION (If applicable) Doctor's Name: Doctor's Phone # SPOUSE'S INFORMATION (If applicable) Iast Name Given Name(s) Employed? YES Monthly Income: Unemployed? YES Receiving other Benefits? List Type: Monthly Income: DEPENDENTS Employer Monthly Income: Monthly Income:	Last Name					First Name		Date
Address Prov. Postal Code Phone Email Address: Prov. Years lived at address SIN# Emergency Contact Contact Phone # Marital Status: Single Married or Common Law Separated/Divorced Are you currently employed? YES Employer Hours per week If yes do you plan to continue working while attending school? Yes No If yes, # of hours per week SPOUSE'S INFORMATION (If applicable) Doctor's Name: Doctor's Phone # Last Name Given Name(s) Employed? YES Employed? YES Monthly Income: Monthly Income: Unemployed? YES Receiving other Benefits? List Type: Monthly Income: DEPENDENTS DEPENDENTS Monthly Income: Monthly Income:	Status Number	#				Date of Birth		
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Employed? YES Monthly Income: Unemployed? YES Receiving other Benefits? List Type: DEPENDENTS DEPENDENTS	SPOUSE'S IN	IFORM	MATIO	N (If application	able)	-		
Unemployed? YES Receiving other Benefits? List Type: Monthly Income: DEPENDENTS DEPENDENTS	Last Name					Given Name(s)		
DEPENDENTS	Employed? YES			Monthly Income:				
	Unemployed? YES Receiving other Benefits?			List Type:	Monthly Incon	ne:		
Dependents are those living in your home and that you and/or are financially responsible for.	DEPENDENT	S					<u>.</u>	
	Dependents are	e those	living	in your home	and tha	t you and/or are financia	ally responsible	e for.
Relationship Date of Birth Last Name Given Name(s)	Relationship Date of Birth			Birth	Last Name		Given Name(s)	

?aqam Post Secondary Application Form

PROGRAM INFORMATION - For the year of application								
Institution Nam	е	Student #						
Program Name	;							
Length of Prog	ram	Start Da	ate			End Date		
Certification Le	vel	0	Certificate _	Dip	lomaBachelor]	Degree	Masters Deg	reePHD
Full Time	YES	Part-	time	YES	Current year of prog	am	Total Years	of Program
minimum of 24 mo	onths?	If yes, a	dvise BC educ	cational in	care in a home of a relativ stitute of eligibility for T		Yes	No
EDUCATION				-				Band Funded?
	Nam	ne of Sc	hool	Dates Attended (Year to Year)		Level of Com	Level of Completion	
High School								
Post-Sec								
Post-Sec								
Post-Sec								
Other	Other							
STUDY PLAN For Upcoming Sponsorship Year (COMPLETE USING YOUR SCHOOL'S CALENDAR)								
	Fa	II Sessi	on	V	Vinter Session	Spring Sess	sion	Summer
Duration								
Number of Courses								
Number of Credits								
FT/PT								
List months for which living allowance requested (i.e. Sept - Apr):								
PROJECTED COMPLETION PLAN								
Year 1		Number of Courses			6	Number of Ci	edits	
Year 2		Number of Courses			Number of Credits			
Year 3		Number of Courses				Number of Credits		
Year 4		Number of Courses			Number of Credits			
Year 5		Number of Courses Number of Credits						
Year 6	ear 6 Number of Courses Number of Credits							
TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION: Anticipated Year of Completion								
I have consulted with an academic/career counselor: YES NO								
I have made contact with the Aboriginal support worker at my institution: YES NO								

Appendix B

?aqam Post Secondary Application Form

Budget Worksheet for Post-Secondary Students		
A) INCOME	MONTHLY	
Post-Secondary Living Allowance		
From Family (if applicable)		
From Employment (if applicable)		
Grants, Scholarships, bursaries (If applicable)		
Savings		
TOTAL INCOME (ADD ALL OF A)	\$ -	
B) FIXED EXPENSES		
*Rent (if living off campus)		
Food (meal plan if living on campus)		
Utilities		
Telephone/Cell Phone		
Internet/Cable		
Loan payments (if applicable)		
Car Payment (If applicable)		
Car Insurance/Registration		
Other		
Total Fixed Expenses (Add all of B)	\$ -	
C) FLEXIBLE EXPENSES		
Public Transportation (may be added to fixed)		
Eating out at restaurants		
Clothing		
Entertainment		
Other		
Total Flexible Expenses (Add all of C)	\$ -	
Monthly Financial Outlook (Income – Fixed Expenses - Flexible Expenses) = A - B - C =	\$ -	
I believe that I will have sufficient funds to sustain myself while attending school.If no, I plan to access as an additional funding source.YESNo	•	

	TOTAL SPONSO	RSHIP REQUEST		
Name:			Date Applicatio	n Submitted:
Sponsored from date:	Sponsored to	o date	Year of Program	(i.e. 3 of 4)
Tota	al Tuition and	mandatory fees:		
Monthly Living Allowance	Number of M	lonths		
	Total I	Living Allowance:		
Tota	I Cost for Req	uired Textbooks:		
	Additiona	al Required Fees		
	Total Sup	plies/Equipment:		
Times/year Co Travel	st per Trip	Total Travel:		
Total	Request:		\$	-
I have fully completed this applica	tion with accurate,	truthful information.		Initials
I have read and understand the ?aq clauses contained in them.	am Post-Secondar	y Policy and agree to a	abide by all	Initials
I authorize ?aqam staff to access in have submitted a signed "Release of			-	Initials
I understand that I must submit mo as well as submit midterm and fina	onthly reports for the	he entirety of my spon		Initials
I understand that repayment orders wi with failed or incomplete courses; and load or failed to report changes in the	ill be issued for all c d for any time period	costs (tution, books, equ ds where I have misrepr	· ·	Initials
I understand that the budget complete costs associated with becoming a stud employment) etc. is my responsibility	lent, and that if need		-	Initials
I understand that should I fail to co Secondary Student Support Progra application, and/or my status as a I immediately terminated; and all fu	m Policy, or shoul Post-Secondary stu	d I knowingly provide dent, that all financial	e false information	regarding my
			X Appli	icant Signature
Motion Approved by Education Comm	littee YES	NO Date		

Appendix B





Post Secondary Education

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PERSONAL ESSAY (LETTER OF INTENT)

Student Name					
Street Address					
City, Province, Postal Code					
Date:					
<u>Re:</u> Application for Post-Secondary Funding					
I have applied for and been accepted in the	Program				
at					
Completion of this program will grant me a certificate diploma undergraduate degree post-graduate degree					
titled: My studies will take place online at Institution - starting (date)					
The duration of this program is					
I have chosen this particular post/secondary program because					
I have chosen this particular post-secondary institution because					
Furthering my education is important to me because					
My previous educational experiences/achievements can be summarized as					

My ultimate career goal is

I have chosen this particular program and institution because

Education is important to me because

Education will improve my living situation by

If you were previously funded for post-secondary funding, list any extenuating circumstances of this application, such as rationale for repeating courses, taking programs in a previously taken level (i.e. new diploma or certificate where applicant already has a diploma or certificate in another program).

Indicate whether you will be relocating to attend school and the type of housing you have attained or hope to attain (e.g.) living in dorm residence, roommates, etc.

Please provide any additional information you would like the committee to consider regarding your application.





Post Secondary Education

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Student Banking Information

CONFIDENTIAL Information – Will be shared only with necessary finance staff. Complete this form **OR** provide a banking detail form from your bank, or a void cheque.

Note: Direct Deposits will ONLY be done once all banking information is provided. If you have not provided your banking information, all funds (reimbursements, living allowance, travel) will be issued via cheque and will be sent by regular post to your mailing address, as provided on your application.

Account Information				
Name of Banking Institute:				
Address:				
Phone Number:				
Branch Number:				
Transit Number:				
Account Number:				
Type of Account:				
Student Email:				

Any Student, who changes their banking information or mailing address during the academic year must inform the Program Manager of such changes.

	Student	Signature
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Date