

Application Form Cover & Checklist: *Submit with Application*

Student name: _____ Status#: _____

Address: _____

Telephone: _____ Email: _____

Please verify that the following documents are included in your application package.

- Application form Pages 1-4 Completed and Signed
- Letter of Acceptance to program (proof of registration for continuing students)
- Official Transcripts
(Current: provided by student)
(Grade 12 official transcripts for new students)
- Photocopy of Status Card
- Personal Essay (Letter of Intent) – 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 ksmith@aqam.net 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.

ʔaqam Post Secondary Application Form

Appendix B

POST-SECONDARY EDUCATION FINANCIAL ASSISTANCE APPLICATION					
 ʔAQ'AM		7470 Mission Road, Cranbrook BC V1C 7E5 email: education@aqam.net			
		Continuing Student		New Student - Recent Gr 12 Grad	
		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:			
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	
Emergency Contact Name		Phone Number:	Doctor's Name:		Doctor's Phone #
SPOUSE'S INFORMATION (If applicable)					
Last Name		Given Name(s)			
Employed?	YES	Monthly Income:			
Unemployed?	YES	Receiving other Benefits?	List Type:	Monthly Income:	
DEPENDENTS					
Dependents are those living in your home and that you and/or are financially responsible for.					
Relationship		Date of Birth	Last Name		Given Name(s)

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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 =	\$ -
<p>I believe that I will have sufficient funds to sustain myself while attending school. YES No If no, I plan to access as an additional funding source.</p>	

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TOTAL SPONSORSHIP REQUEST	
Name:	Date Application Submitted:
Sponsored from date:	Sponsored to date
Year of Program (i.e. 3 of 4)	
Total Tuition and mandatory fees:	
Monthly Living Allowance	Number of Months
Total Living Allowance:	
Total Cost for Required Textbooks:	
Additional Required Fees:	
Total Supplies/Equipment:	
Travel	Times/year
Cost per Trip	Total Travel:
Total Request:	
	\$ -
I have fully completed this application with accurate, truthful information.	Initials
I have read and understand the ᐃᓄᓄᓄ Post-Secondary Policy and agree to abide by all clauses contained in them.	Initials
I authorize ᐃᓄᓄᓄ staff to access information concerning my attendance and grades and have submitted a signed "Release of Information" from my Educational Institute.	Initials
I understand that I must submit monthly reports for the entirety of my sponsorship period, as well as submit midterm and final grades for all courses undertaken.	Initials
I understand that repayment orders will be issued for all costs (tution, books, equipment) associated with failed or incomplete courses; and for any time periods where I have misrepresented my course load or failed to report changes in the Study Plan outlined in this application.	Initials
I understand that the budget completed in this application is for the purpose of understanding the costs associated with becoming a student, and that if needed, supplementary funding (scholarships, employment) etc. is my responsibility.	Initials
I understand that should I fail to comply with the guidelines and policy contained in the ᐃᓄᓄᓄ Post-Secondary Student Support Program Policy, or should I knowingly provide false information regarding my application, and/or my status as a Post-Secondary student, that all financial support may be withheld or immediately terminated; and all funds paid on my behalf to be repaid in full.	
X Applicant Signature	
Motion Approved by Education Committee	YES NO
Date	

PERSONAL ESSAY (LETTER OF INTENT)

Student Name

Street Address

City, Province, Postal Code

Date:

Re: Application for Post-Secondary FundingI 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.

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

Date