



Post-Secondary Funding Application Form

People of Turbulent Waters

1218 Bute Crescent, Campbell River, BC, V9H 1G5
 Phone: 250-923-4979 Ext 8913
 Fax: 250-923-4987

FOR APPLICATION DEADLINE (Check One Only)

(YEAR)

- February 1st April or July start date _____
- June 1st September start date _____
- October 1st January start date _____

Incomplete forms will not be accepted - Applications are valid for one year only.

SECTION A: STUDENT INFORMATION

Name: (Last, First & Middle)		
Birthdate:	Social Insurance Number:	Status #:
Mailing Address:	City	Province
Temporary Address (if different than above):	City	Province
Email address	Telephone	Cell
Are you a former child in care? (you may be eligible for free tuition)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Are you currently registered as a Homalco First Nation Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law (living with partner for 1 year or more)	
Place of residence while attending school	<input type="checkbox"/> with parents <input type="checkbox"/> Independently	
Have you been resident of Canada for the past 12 consecutive months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Has Homalco funded you for a program other than the one you are applying for now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required to repay education funding to Homalco? Are you in debt to Homalco currently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year have you received any bursary or scholarship money? If so what amount in dollars. (this will not affect your eligibility)	

SECTION B: EDUCATIONAL BACKGROUND

Secondary

Name of most recent High School attended (Name-City-Province):	Grad/Completion Year
Level Achieved: <input type="checkbox"/> Dogwood <input type="checkbox"/> Evergreen <input type="checkbox"/> Other Grade level achieved:	

Previously attended Post-Secondary Programs:

Program Name and Institution Attended	Enrollment Year (s) i.e.	Completed (yes/no)

C: PROGRAM REQUEST

Institution Name & Campus Location: <i>Indicate both institutions if in a transfer program</i>	
Program Name: <i>(i.e. Bachelor of Science – Nursing)</i>	
Length of Program: <i>(as specified by the institution)</i>	
Intended Enrollment status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Start Date (i.e. Sept 2023):	Graduation Date (i.e. April 2023):

What year of this program are you entering? (1st, 2nd?)			
Student Number (if assigned)			
Level of Funding Requested (check one only)			
<input type="checkbox"/> UCEPP University/College prep	<input type="checkbox"/> Level 1 Certificate or Diploma	<input type="checkbox"/> Level 2 Undergraduate Degree Program	<input type="checkbox"/> Level 3 Graduate, Advanced or Professional Degree
		<input type="checkbox"/> Level 4 Doctoral Degrees	

Future Goals:
Explain the reasons for applying to this program and how it directly relates to potential career opportunities. Use a separate piece of paper if not filling out digitally.

SECTION D: ESTIMATED COSTS

What semesters do you intend to be enrolled in (include year)?

Fall (Sept-Dec)	Winter (Jan-Apr)	Spring (May/June)	Summer (Jul/Aug)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Institution Costs:

Many universities and colleges have online tuition estimators or specific information about your program and its associated costs. Please attach this information with your application. Use actual costs, not KFN maximums. High cost tuition may not be fully funded. Do not include Medical and Dental Fees.

Institution Costs	Per Semester	# of semesters	Total
Tuition & Compulsory Student Fees:		X	
Books and Supplies:		X	
Other (admission fees/exam fees):		X	
		Total Inst. Costs:	

Application for Other Eligible Funding

- Do you anticipate needing tutoring? If yes, please **add \$400**
- **FULL-TIME STUDENTS ONLY** - Are you applying for a living allowance? If yes, add the appropriate amount per month. Most programs are 8 months in length (Sept-April).

Item	Amount per month	# of months	Total
Living allowance amount per month		X	
Add travel or tutoring if applicable	n/a	n/a	
			Total Other Funding
			Add Total Inst Costs

SECTION E: DECLARATION AND SIGNATURE

By signing below, I certify all information provided is true and correct to the best of my knowledge. And I agree to inform the Homalco Education Coordinator if there is a change in circumstances that may affect my eligibility for funding provided under Homalco Post-Secondary Education Funding

Signature of Student

Date

Submit your application via email mail or fax to: 250-923-4987

APPLICATION CHECKLIST

New Students:

- Application Form (filled and signed)
- Consent to release form (filled and signed)

- Student Contract Form (must have witness signature)
- Letter of acceptance from Post-Secondary Institution
- Web link for your program (Section C) or a program outline with estimate of program costs
- Copy of status card
- Transcript of grades from all former institutions attended (secondary and post-secondary)

UCCEPP Students Only:

- Statement letter from the institution attending

Continuing Students:

- Application Form (filled and signed)
- Consent to release form (filled and signed)
- Student Contract Form (must have witness signature)
- Transcript of grades from most recent semester/term