



TOQUAHT NATION

POST-SECONDARY FUNDING APPLICATION FORM (APPENDIX A[1])

APPLICANT BACKGROUND INFORMATION

Full legal name:	
Preferred name:	
Birthday:	
Mailing address:	
Cell Phone Number:	
E-mail Address:	
SIN #:	
Status # (if applicable):	

Do you have a documented disability*? Yes No

If yes, is it: Long-term Short-term Learning

*If you have a documented disability, submit documentation along with this form as per 12.1 of Toquaht's Post-Secondary Education Policy.

EDUCATIONAL HISTORY

Provide your educational history, beginning with the most recent.

Institution:	
Location (Town/City):	
Dates Attended:	
Program:	
Level Obtained:	
Toquaht funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Institution:	
Location (Town/City):	
Dates Attended:	
Program:	
Level Obtained:	
Toquaht funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Institution:	
Location (Town/City):	
Dates Attended:	
Program:	
Level Obtained:	
Toquaht funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROPOSED ACADEMIC PLAN

I am a: New/first-time student Continuing Student Returning Student

Eligible program I am applying for:

- | | |
|--|--|
| <input type="checkbox"/> Short Certificate Program* | <input type="checkbox"/> Undergraduate Degree |
| <input type="checkbox"/> College/University Preparation | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Technical, Trades and Vocational Training | <input type="checkbox"/> Additional Undergrad Degree |
| <input type="checkbox"/> Certificate or Diploma | |

*Citizens can apply for funding for Short Certificate Programs *at any time*. If applying for a Short Certificate Program, attach proof that you have corresponded with the Nuu-chah-nulth Employment and Training Program (NET-P) and confirm how much, if any, of the costs NET-P may be able to cover. See 3.1 of Toquaht’s Post-Secondary Education Policy for more information.

If applying for anything other than a Short Certificate Program, **applicants must enter their studies on either September 1 or January 1**. If that is the case, select ONE of the following:

<input type="checkbox"/> SEPTEMBER 1 ENTRANCE
• Application due January 31
• Supplemental information due July 15

OR

<input type="checkbox"/> JANUARY 1 ENTRANCE
• Application due September 1
• Supplemental information due Oct. 15



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Proposed Institution:	
Location (Town/City):	
Mailing Address:	
Program:	
Program Length:	
Start/Finish Dates:	
Year Applying For:	
Full-time or Part-time:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Number of credits enrolled in:	
Semesters Applying For:	<input type="checkbox"/> Sept-Dec <input type="checkbox"/> Jan-April <input type="checkbox"/> May-Aug
Estimated Tuition Fees:	
Estimated Student Fees:	
Estimated Textbooks Cost:	

Is this a Private or Foreign Institution?* Yes No

*If so, submit an Application Form to Attend a Private or Foreign Institution, found in Appendix A[3]. See 4.2 and 4.3 of Toquaht’s Post-Secondary Education Policy for more information.

Are there any circumstances which may affect your attendance or full participation in school? Yes No

If you answered yes, please describe in detail:

What is your short-term goal?

What is your long-term goal?



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Please list any other potential funding sources (e.g. parents, student loan, scholarship):

Potential Source:	
Potential Amount:	
Length of Funding:	

Potential Source:	
Potential Amount:	
Length of Funding:	

Potential Source:	
Potential Amount:	
Length of Funding:	

Have you ever been suspended from Toquaht or Nuuchahnulth Tribal Council funding, or placed on Academic Probation due to poor grades?

Yes No

If so, what month/year were you suspended? _____

If so, what have you done since that time to ensure will be more successful in future studies?

I confirm that the information above is complete and accurate.

Applicant name:

Applicant signature:

Date: