



Leq'á:mel First Nation

43101 Leq'á:mel Way
Deroche, BC V0M 1G0

Post-Secondary Student Support Program (PSSSP) 2015 – 2016 APPLICATION FOR EDUCATIONAL ASSISTANCE CHECKLIST

Student name	
Indian Registry #	
Student #	
Address	
Contact Info	Telephone: Email:
Emergency Contact Info	

- Checklist Cover Page
- Application For Educational Assistance (signed by student)
- Educational Plan (signed by School Counselor)
- Financial Request
- Transcripts – most recent; proof of Grade 12; proof of good academic standing
- Letter of Personal Goals and Objectives
- Resume from Student
- Program Information from the delivering Institution
- Photocopies to include:
 - 2014 CRA Income Tax Assessment
 - Status Card and one other ID; one ID for all others in application
 - Letter of Acceptance to program / Proof of Registration if continuing

FOR OFFICE USE ONLY	
Program Level	
Strategic Studies	
Funding Granted	
Completion Date	Year ___ of ___, Graduating ___ - ___
Signature of PSSSP Coordinator	
Signature of Education Portfolio Holder	



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Application for Educational Assistance 2015 – 2016

Personal Information (Confidential when completed)			
Name (Surname, First, Middle)			
Also known as (preferred name):			
Mailing address:		Street City, Province Postal Code	
Member Band			
Indian Registry #			
Date of Birth			
Social Insurance Number			
Personal Health Number			
Telephone:			
Email:			
Male: ___ Female: ___		On Reserve: ___ Off Reserve: ___	
If Married or Common-Law, please complete			
Spouse's Name			
Spouse's Source of Income			
Dependent Child(ren) Residing with Student During Study Period			
Name (last, first)	Birthdate	Band Membership	Status Card Family #

STUDENT SIGNATURE: _____

DATE: _____



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Secondary Education Information:				
Last Grade completed:				
Year completed:				
Name & Address of Secondary School				
Previous Post-Secondary Education (College / University)				
Program	Institution & Address	Status at completion	Start Date	End Date
Please complete if you are a Continuing Student (College / University)				
Current Program	Institution & Address	Current GPA	Start Date	Grad Date

Skill Testing Questions	
<i>Where is Leq'á:mel located?</i>	
<i>How many members strong is Leq'á:mel?</i>	
<i>Why is our territory called Leq'á:mel?</i>	

Please enclose the following with your application:

- Most recent transcript(s)
- Resume



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Program For Which Funding Is Requested	
Eligible Institution & Address	
Distance from Student's Residence	
Education Category:	Level 0: Upgrading _____ Level 1: Certificate / Diploma _____ Level 2: Undergraduate Degree _____ Level 3: Professional / Masters _____ Level 4: Doctorate Degree _____
Education Program Area	
Have you been accepted into this program?	
Graduation Date	
Full time: _____ (time limited) Part time: _____ (no living allowance)	The next academic year is my _____ year of _____ total years to completion
Credits this Academic Year	
Career Goal	

Please enclose the following with your application:

- Education Plan signed by Academic Counselor
- Letter of Goals & Objectives
- Program Information from the delivering Institution
- Letter of acceptance or confirmation of continuance in the program



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FINANCIAL NEEDS ASSESSMENT	
Additional Student Supports (for the period of study)	
Anticipated Employment Earnings (applicant)	\$
Anticipated Employment Earnings (spouse)	\$
Total of Expected Bursaries and Scholarships	\$
Federal or Provincial Student Aid	\$
Child Care Subsidy	\$
TOTAL PROJECTED EARNINGS	A. \$
Student Expenses (for the period of study)	
<i>Please report maximum required – only actuals will be paid</i>	
Tuition	\$
Texts & Supplies	\$
Fees & Dues	\$
TOTAL ACADEMIC COSTS	B. \$
Rent & Utilities (your share only)	\$
Food & Incidentals	\$
Transportation (daily)	\$
Travel (seasonal)	\$
Child Care	\$
TOTAL LIVING COSTS	C. \$
TOTAL REQUIREMENT	B+C-A = \$
Additional Comments:	

Include copies of your 2014 CRA Income Tax Assessment for both applicant & spouse.