

**Laxgalts'ap Village Government
Education Department**

Phyllis Clark: Education Coordinator

*PO Box 200 Greenville, BC VOJ 1X0
Phone: (250) 621-3212 Fax: (250) 621-3320
Toll Free: 1-877-447-0077 Extension: 223*

**APPLICATION FOR EDUCATION ASSISTANCE
(CONFIDENTIAL WHEN COMPLETED)**

STUDENT IDENTIFIER:

Registry Number: 678- _____ Application Date: _____

Nisga'a Citizenship Card Number: _____

Birth Date: _____ S.I.N. # _____

BASIC STUDENT INFORMATION

Surname:	Given Name(s):
Street Address:	City:
Postal Code:	Phone:
Messages:	E-Mail address:
Dependent Status: Single _____	Single Parent: _____ Married: _____
Dependent(s) Name(s):	Birth dates:
1.	
2.	
3.	
4.	
5.	

PREVIOUS EDUCATION

SCHOOL NAME	PROGRAM	GRADE	YEAR
SECONDARY:			
COLLEGE:			
UNIVERSITY:			
OTHER:			

***** Must attach proof of Education by an Official Transcript, copy of Certificate or copy of Degree Received*****

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**EDUCATION PLAN
PROGRAM (S) & INSTITUTE (S) APPLIED TO:**

PROGRAM NAME	INSTITUTE NAME	INSTITUTE ADDRESS

FULL TIME PART TIME Y/N	TYPE OF PROGRAM COLLEGE/UNIV. B.A. M.A. OR PHD.	LENGTH OF PROGRAM	YEAR OF STUDY	INSTITUTE ACCEPT. FINAL/CONTINUED OR CONDITIONAL	TRAINING START&END Y/M/D

Personal Financial Status:

Do you have an employed spouse/partner? Yes _____ No _____

If answer is yes, what is spouse's/partner's gross income per year?
Less than \$25,000 _____ more than \$25,000 _____

Are you requesting full or part-time assistance? F.T. _____ P.T. _____

Note- a student can only qualify for full – time assistance, if the student in each term or semester takes a minimum of four courses or the equivalent number of (12) credit hours.

ESTIMATED COSTS (OFFICE USE ONLY)

FISCAL YEAR	2004/2005	2005/2006
TUITION		
BOOKS& SUPPLIES		
LIVING ASSISTANCE		
HIGH RENT ASSISTANCE		
TRAVEL ASSISTANCE		
TOTAL ASSISTANCE		

I confirm that the above statements are complete and accurate. I accept responsibility for satisfying the academic/training requirements of the above institute (s) and managing the educational assistance that may be granted to me to the best of my ability.

Applicants Signature: _____ Date: _____

OFFICE USE ONLY:	
Education Coordinator's Comments:	
Recommended: _____	Not Recommended: _____ Reason: _____
Administered by:	
_____	_____
Education Coordinator Signature	Date
Authorized by Laxgalts'ap Village Government:	
_____	_____
Tiffany Moore	Date
Laxgalts'ap Village Government-Programs & Services Manager	