

TOQUAHT NATION
POST-SECONDARY FUNDING DECISION APPEAL FORM (APPENDIX A[5])

DATE SUBMITTED: _____

Full legal name:	
Preferred name:	
Status # (if applicable):	

Why was your Post-Secondary Funding Application denied?

Why do you believe your application was wrongfully denied? Please describe in detail.

Is there any other information or documentation you are submitting regarding this appeal?

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Citizen Declaration:

I declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that if I knowingly give information that is false I may be liable to prosecution and will be required to repay any assistance received. Also, if I knowingly give information that is false, it may result in disqualification for any future requests for financial assistance from the Toquaht Nation.

Name:

Signature:

Date Submitted:

TOQUAHT NATION OFFICE USE ONLY
Reviewed by (Director of Community Services:
Legitimate Appeal? ___ Yes ___ No
Rationale:
Reviewed by (Director of Operations), if applicable:
Appeal Approve or Denied? ___ Approve ___ Denied
Rationale:
Date: