

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

\*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"/> <b>SEPTEMBER 1 ENTRANCE</b>
<ul style="list-style-type: none"> <li>Application due January 31</li> <li>Supplemental information due July 15</li> </ul>

OR

<input type="checkbox"/> <b>JANUARY 1 ENTRANCE</b>
<ul style="list-style-type: none"> <li>Application due September 1</li> <li>Supplemental information due Oct. 15</li> </ul>

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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 <b>credits</b> 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 Nuu-chah-nulth 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: