



Wei Wai Kum First Nation

1650 Old Spit Road, Campbell River, BC, Canada V9W 3E8

Tel : (250) 286-6949

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Application for Post-Secondary Funding

Student Information

Name:	Status Number:
Address:	Date of Birth:
Will you be Residing with Parents? Yes / No	
City:	Phone Number:
Prov./Postal Code:	Cell Number:
E-mail:	Marital Status:
Dependants: Yes / No	Number of Children:
Single Parent:	Reside on/off reserve:
Student Type: Continuing Student <input type="checkbox"/>	New Secondary Graduate <input type="checkbox"/>
Mature Student <input type="checkbox"/>	
Are you Working? Yes / No	Full-time or Part-time

Institution and Program Information

Institution:	Student Number:
Program:	Program Length:
Year of Study:	Full-time / Part-time:
Expected completion date:	Number of Credits needed to complete:
Semester Funding: Sept-Dec <input type="checkbox"/> Jan-April <input type="checkbox"/> May-Aug <input type="checkbox"/>	Program Type: University / College Prep <input type="checkbox"/> Certificate (less one year) <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate <input type="checkbox"/>

***Please note that this will be the final chance to apply for semesters**

Previous Education, Training or Certificates

School / Institute	Years Attended	Certificate Obtained
Secondary:		
Private:		
College:		
Technical Institute:		
University:		
Other:		

Additional Documents

Signed Release of Information	
Most recent Official Transcript	
Acceptance Letter from College or University	
Photocopy of Status Card (Front and Back)	

Budget Information

Tuition – Sept-Dec.	\$
Tuition – Jan – Apr.	\$
Tuition – May – Aug.	\$
Number of Months of Living Allowance	
Book Allowance Needed	
Does your program require additional supplies? <input type="checkbox"/> (i.e.; boots, nursing scrubs, etc., that are deemed as mandatory for your program)	

Agreement

I confirm that the above information provided is complete and accurate. I have read the conditions for receiving Post Secondary Education Funding and agree to comply with the conditions as set out in the Guidelines. I accept the responsibility for satisfying the academic requirements of the above institution and managing the education funds to the best of my ability.

Student Signature

Date