



WEIWAIKUM FIRST NATION

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

Tel.: (250) 286-6949

Fax.: (250) 287-8838

TOLL FREE: 1-877-286-6949

Application for Post-Secondary Funding

Student Information

Name:	Member Number:
Address:	Date of Birth:
City:	Phone Number:
Prov./Postal Code:	Cell Number:
E-mail:	Marital Status:
Spouse Name:	Dependents: Yes / No
Number of Children:	(Include Names and Ages on a separate sheet)
Single Parent Yes/No	Reside on/off reserve:
Will you be living with your parents Yes/No	
Student Type: Continuing Student <input type="checkbox"/>	New Secondary Graduate <input type="checkbox"/>
Mature Student <input type="checkbox"/>	Graduate/Masters/PHD <input type="checkbox"/>
Are you Working? Yes / No	Full-time or Part-time
Place of Employment:	

Institution and Program Information

Institution:	Student Number:
Program:	Student Password:
Level of Study:	Program Length:
Program Start Date:	Full-time / Part-time:
Expected completion date of program:	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"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/>
*Please note that this will be the final chance to apply for semesters	



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Previous Education Training or Certificates

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

Have you previously been funded by Wei Wai Kum First Nation: Yes/No

Additional Documents

Signed Release of Information

Most recent **Official Transcript**

Acceptance Letter from College or University

Letter of Intent/Education Plan

Photocopy of Status Card (Front and Back)

Direct Deposit Form

Budget Information

Tuition – Sept-Dec. \$

Tuition – Jan – Apr. \$

Tuition – May – Aug. \$

Number of Months of Living Allowance \$

Book Allowance Needed \$

Travel Allowance Needed?(For students relocating 100 Km or more) Yes/No

Does your program require additional supplies:

(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