



Campbell River Indian Band Office

1400 Weiwaikum Road, Campbell River, B.C., Canada V9W-5W8

Tel.: (250) 286-6949

Toll free tel: 1- 877- 286-6949

Fax.: (250) 287-8838

Application for Post-Secondary Assistance

Student Information

Name:	Status Number:
Address:	Date of Birth:
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"/>	Returning to Post-Sec. <input type="checkbox"/>

Institute 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: Univ. / College Prep <input type="checkbox"/> Certificate (less than one year) <input type="checkbox"/> Cert. / Diploma (College) <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>
*Please note that this will be the final chance to apply for semesters	

Previous Education and Training

School / Institute	Years Attended	Certificate Obtained
Secondary:		
Private:		
College:		

Application Deadline March 31st

Technical Institute:		
University:		
Other:		
*Please note that it is required to submit your most recent Official Transcripts		

Additional Documents

In order for your application to be processed we require the following documents with your application – please ensure that you include the following.	
Signed Release of Information	
Most recent Official Transcript	
Acceptance Letter from College or University	

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 Assistance 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