



Uchucklesaht Tribe Government

Funding Application Form Citizen Education and Training Funding Policy

Date received:

____/____/____
(dd/mm/yyyy)

(for Education Coordinator use only)

Use this form to apply for funding to attend an **eligible program** under the Uchucklesaht Tribe Government (UTG) Education and Training Funding Policy (the “policy”).

Note: funding may only be approved for up to one year. Students who have been accepted into or enrolled in multi-year programs must reapply for funding every year.

Bolded terms are defined in the policy.

Completed application forms must be submitted to the Education Coordinator in hard copy at the Uchucklesaht Administration Office, or by email to education.coordinator@uchucklesaht.ca.

Submission deadlines:

Applications for **post-secondary education programs** should be submitted:

- by May 31 (for programs beginning in September of the same year)
- by September 30 (for programs beginning in January of the following year)

Applications for **other education/training programs** should be submitted as early as possible and must be submitted at least one month prior to the anticipated start date of the **eligible program**.

Applications submitted after these deadlines may still be considered but will receive lower priority if funds are limited.

Office 250-724-1832
Toll-free 1-844-723-7126
Fax 250-724-1806

Suite A, 5251 Argyle Street
Port Alberni, British Columbia
V9Y 1V1

(1) APPLICANT'S PERSONAL INFORMATION

Full legal name:	
Uchucklesaht citizenship no.:	
Date of birth:	
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law
Phone number:	
Mailing address:	
E-mail address:	
Status number (if applicable):	
Disability status:	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you received funding from UTG for this or another education/training program before? If yes, indicate the total amount of funding received each year:

\$ _____	Year _____	Program _____
\$ _____	Year _____	Program _____
\$ _____	Year _____	Program _____

(2) PROGRAM INFORMATION

I am: ☐ starting a new program ☐ continuing a program

Institution name:	
Institution type:	<input type="checkbox"/> Public post-secondary institution <input type="checkbox"/> Private post-secondary institution <input type="checkbox"/> Trades training provider <input type="checkbox"/> Other accredited training body Other: _____
Program type:	<input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Master's degree <input type="checkbox"/> PhD degree <input type="checkbox"/> Other post-secondary degree: _____ <input type="checkbox"/> College/university diploma or certificate <input type="checkbox"/> Trades or applied technology program <input type="checkbox"/> Adult basic education and high school completion <input type="checkbox"/> Other (first aid, Serving it Right, etc.)

Is the program based on competitive entry? (i.e. did you need to submit an application?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this program in person and/or online?	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> In-person and online If in-person, please provide the location of the institution or program: _____
Total program length (days or months):	
Program start date:	
Program end date:	
Student ID number (if known):	
Student status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Is this training mandatory for employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the type of employment: _____

If you are a continuing student, complete table below. If not applicable, go to Section (3).

Years/credits completed to date:	
Years/credits remaining:	
Anticipated program completion date:	
Term start date: (i.e. term for which you are applying for funding)	

(3) ESTIMATED COSTS

Check the box for each funding category you are applying for and enter the estimated costs. Attach supporting documentation for estimated costs, if possible.

Funding category	Estimated total cost (during funding term - maximum one year)
<input type="checkbox"/> Tuition/program fees (incl. deposits)	
<input type="checkbox"/> Mandatory student fees (athletics, student society, etc.)	

<input type="checkbox"/> Mandatory textbooks	
<input type="checkbox"/> Required equipment (eg. laptop, software, scrubs, tools, safety gear)	
<input type="checkbox"/> Adaptive equipment (students with disabilities) Note: student must have a verified disability and must first apply for federal support through the Canada Student Grant for Services and Equipment - Students with Disabilities program Attach documentation verifying disability and application to federal grant program	
<input type="checkbox"/> Professional licensing / certification exams	
<input type="checkbox"/> Living allowance (full-time students only)	n/a - calculated in accordance with current rates

(4) LIVING ALLOWANCE

Complete this section if you are a full-time student applying for a living allowance.

What will your approximate monthly before-tax income be while you are a full-time student? (all sources - employment, investments, government supports, etc.)	\$ _____
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Complete the table below if you have a spouse (an individual who you have lived with in a marriage-like relationship for at least one year):

Spouse full legal name:	
Spouse approximate monthly before-tax income (all sources - employment, investments, government supports, etc.):	\$ _____

Complete the table below if you have one or more **dependents**, including a **dependent spouse**:

Dependent full legal name	Relationship to applicant	Date of birth (dd/mm/yyyy)	If dependent is 18 years old or older, explain how they meet the definition of a dependent and attach supporting documentation:

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(5) OTHER FUNDING SOURCES

List any confirmed or potential sources of funding for your program:

Source:	
Amount:	
Confirmed or potential:	
If potential, anticipated date to be confirmed:	

Source:	
Amount:	
Confirmed or potential:	
If potential, anticipated date to be confirmed:	

Source:	
Amount:	
Confirmed or potential:	
If potential, anticipated date to be confirmed:	

(6) PAST ACADEMIC STANDING

Have you ever been suspended from Uchucklesaht education/training funding or put on academic probation by Uchucklesaht due to poor grades?	<input type="checkbox"/> No <input type="checkbox"/> Yes: ____/____/_____ (dd/mm/yyyy)
If yes, what have you done since that time to help ensure you are more successful?	

(7) EDUCATIONAL GOALS

List all courses you plan to take in the next funding year:

Course name	Credits	Course dates

Describe your long-term academic/professional goals (provide as much detail as possible):

(8) DIRECT DEPOSIT INFORMATION

Name of Bank:		
Bank Address:		
Bank Phone Number:		
Transit/Branch #:	Financial Institution #:	Account #:
Please attach a copy of a direct deposit form or a void cheque from your bank		

(9) REQUIRED SUPPORTING DOCUMENTS

- ☐ If program is based on competitive entry (ie. program requires application/acceptance), copy of acceptance letter
- ☐ If program is not based on competitive entry, copy or screenshot of registration page
- ☐ Copy of applicant's most recent CRA Notice of Assessment
- ☐ If applicable, copy of spouse's most recent CRA Notice of Assessment
- ☐ If applying for living allowance with adult dependents, documentation verifying dependent
- ☐ If applying for adaptive equipment, documentation verifying disability and application to federal grant program
- ☐ Direct deposit form from your banking institution or a void cheque
- ☐ Other: _____

(10) STUDENT RESPONSIBILITIES

By signing below, I:

- (a) confirm that all information in this application is complete and accurate to the best of my knowledge.
- (b) acknowledge that meeting the eligibility requirements under the Education and Training Funding Policy does not guarantee that I will receive funding. All funding is subject to the availability of funds and will be allocated in accordance with the policy.
- (c) acknowledge that I may be requested to provide additional supporting documentation.
- (d) provide my consent to allow UTG staff to request, if necessary, copies of information from the program institution, the Ministry of Children and Family Development and/or Usma Child and Family Services, and the Ministry of Social Development and Poverty Reduction for the purpose of determining my eligibility for funding.
- (e) acknowledge that I have read and understand the Education and Training Funding Policy and, if funded, agree to enter into a funding agreement with UTG in the form required by the policy.
- (f) authorize UTG to deposit any approved funding to the bank account listed on this application.

Signature

Name (print)

Date (dd/mm/yyyy)