

# Tsleil-Waututh Nation

Children of TAKaya – Wolf Clan  
BURREARD INDIAN BAND



## Application for Educational Assistance Post Secondary: University, College, Technical, Vocational and College

### Basic Application Information:

New Student  From UCEP  Continuing Student  Application Date \_\_\_\_\_ Birthday \_\_\_\_\_

SEX: Male  Female  Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Residence: On Reserve  Off Reserve  Canadian Resident: Yes  No

Status Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Spouses Information:

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ SIN # \_\_\_\_\_

Employer: \_\_\_\_\_ Unemployed: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Receiving Other Benefits: \_\_\_\_\_

Other Benefits: (WCB, Pension, Disability etc..) \_\_\_\_\_

**DEPENDENTS:** Child 18 & under whom you have custody/provide care for and who lives with you a minimum of 2days/week  
Child 19-22 years who is a full time dependent student.  
Child 19 years or older, permanently disabled, fully supported by parent & claimed on tax return  
Child is a foster child & foster parent income is claimed on the application.

Last Name:	Given Name:	Birth Date:	Relationship:

### Proposed Education Plan:

COMMUNITY  UNIVERSITY  BA  MA  PHD

Attendance: F/T  P/T  \_\_\_\_\_  
(Program) (Institute)

Address of Institute: \_\_\_\_\_

Contact Person/Phone & Fax: \_\_\_\_\_

COMMENTS:

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Length of Program: \_\_\_\_\_ Start Date: \_\_\_\_\_ Planned Grad Date: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Do you need a laptop for studies? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Do you need WiFi at home for studies: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I, the above person, have read and agree to the conditions of the PSSP and University/College Entrance Preparation Program as outlined in the Tsleil-Waututh Nation Post-Secondary Policy Handbook and therefore agree to financial assistance based on the Policies of the Tsleil-Waututh Nation and Aboriginal Affairs and Northern Development Canada. It is also understood that by signing this I authorize the release of all information regarding my attendance and progress to the Tsleil-Waututh Nation and the Tsleil-Waututh Nation Education Representative.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Post Secondary Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY:

REVIEWED WITH CRITERIA: YES  NO  Date: \_\_\_\_\_

DECISION – FUNDED: YES  NO  Date: \_\_\_\_\_

COMMENTS:

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