

# Mamalilikulla First Nation

#168-1436 Island Highway, Campbell River BC V9W 8C9  
 (ph) 250-287-2955      (fax) 250-287-4655      toll free 1-888-287-2955  
[admin@mamalilikulla.ca](mailto:admin@mamalilikulla.ca)

## APPLICATION FOR POST-SECONDARY FUNDING

### STUDENT INFORMATION

Name:	Status Number:
Address:	Date of Birth:
City:	Phone Number:
Prov. / Postal Code:	Cell Number:
Email:	Marital Status:
Will you be residing with Parents? Yes / No	Dependants: Yes / No
Number of Children:	Single Parent:
Reside on / off reserve:	
<b>Student Type: Continuing Student</b>	Mature Student <input type="checkbox"/>
<b>New Secondary Graduate</b> <input type="checkbox"/>	
<b>Are you Working? Yes / No</b>	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:	Program Type:
Sept – Dec <input type="checkbox"/>	University / College Prep <input type="checkbox"/>
Jan – April <input type="checkbox"/>	Certificate (less than one year) <input type="checkbox"/>
May – Aug <input type="checkbox"/>	Diploma <input type="checkbox"/>
	Bachelor <input type="checkbox"/>
	Master's Degree <input type="checkbox"/>
	Doctorate <input type="checkbox"/>

**Previous Education, Training or Certificates**

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

**Additional Documents - Be sure to include**

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 to Dec.	\$
Tuition – Jan to April	\$
Tuition – May to August	\$
Number of Months Living Allowance	\$
Book Allowance Needed	
Does your program require additional supplies? Yes / No	
(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