



AHOUSAT EDUCATION AUTHORITY
POST-SECONDARY FUNDING APPLICATION
GENERAL DELIVERY, AHOUSAT, BC V0R 1A0
Telephone: 1-888-670-9662 Fax: 1-250-670-9660

Funding Agreement

Your responsibilities are:

1. To meet or communicate with the Post-Secondary department to ensure the school and program you have chosen to attend or are attending meets your goal and meets the requirements of AEA Post-Secondary Policy and Guidelines.
2. To attend classes on a regular basis. Continual absence may result in failing grades and your funding being suspended.
3. To complete and pass all AEA sponsored courses and programs. Failed and incomplete courses will not be funded a second time by the AEA Post-Secondary Program.
4. Students in their first year of funding are required to maintain a course load of three courses and /or nine credits with a minimum of a “C” grade or better to continue receiving funding.
5. Continuing students are to maintain a course load of four courses and/or twelve credits per semester and maintain a minimum of a “C” grade or better to continue receiving funding.
6. Students in their first year of funding must provide an interim report for all courses no later than the sixth week of their first term. No further funding will be released until this report is received.
7. To submit both an interim report (unofficial transcript) and an official transcript according to the schedule provided as part of your approval package.
8. To comply with Ahousat Education Authority Post-Secondary Policy and Guidelines.

Please make yourself familiar with your responsibilities and Ahousat Education Authority Post-Secondary Policy and Guidelines.

I, _____ have read and understand the above and agree to these conditions and requirements. I understand that failure to fulfill these requirements and conditions may result in my funding being suspended.

PLEASE KEEP A COPY OF THIS PAGE FOR YOUR RECORDS. SUBMIT ORIGINAL.

Student Signature

Date



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September Enrollment, March 1st January Enrollment, August 1st

Student Information			
Birth Date:		Date:	
Legal Last Name		Legal Given Names	
Gender:	<i>Female</i>		<i>Male</i>
Marital Status:	<i>Single</i>	<i>Married</i>	<i>Common-Law</i>
		<i>Separated</i>	<i>Divorced</i>
IRN (Status Number) <i>Include a copy of your status card</i>		659	
Street / P.O.		Phone #	
City		Cell #	
Province		E-mail	
Postal Code		Other	

Dependent Information		
Full Legal Name	Birth date: (Month Day Year)	Gender
		M F
		M F
		M F
		M F

Institution and Program Information			
Institution		Student Number	
Program			
Program Type:		Semester Funding: (Please check all that apply)	
<input type="checkbox"/> College Prep	<input type="checkbox"/> B Sc.	<input type="checkbox"/> September to December	
<input type="checkbox"/> Certificate	<input type="checkbox"/> MA, LLM	<input type="checkbox"/> January to April	
<input type="checkbox"/> Diploma	<input type="checkbox"/> Ph D	<input type="checkbox"/> May to August	
<input type="checkbox"/> BA	<input type="checkbox"/> Other	<input type="checkbox"/> Other dates (specify)	
<input type="checkbox"/> LLB			
Enrolled in:	Full-time Student <input type="checkbox"/>	Part-time Studies <input type="checkbox"/>	
Student Type:	New <input type="checkbox"/>	Continuing <input type="checkbox"/>	Returning <input type="checkbox"/>



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Other Information			
Disability Status	Long Term Disability <input type="checkbox"/>	Short Term Disability <input type="checkbox"/>	Not On Disability <input type="checkbox"/>
Have you submitted the required disability documentation?		YES	NO
Have you been a resident of Canada for the past 12 consecutive months		YES	NO

Additional Educational Information	
What is your long term goal?	
Have you ever been on a "Term on Your Own" or academic probation? If yes, please submit all your unofficial transcript of listed classes.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been funded by NTC Post-Secondary?	

- ENGLISH ASSESSMENT
 MATH ASSESSMENT

I confirm that the above information provided is complete and accurate. I accept responsibility for satisfying the academic requirement of the above institution and managing the education funds to the best of my ability.

Student Signature

Date
