

# AHOUSAT EDUCATION AUTHORITY GENERAL DELIVERY, AHOUSAT BC VOR 1A0

Telephone: 1-888-670-9662 Fax: 250-670-9660

### **Technical Vocational Training Funding Agreement**

Ahousat Education Authority is pleased to assist you with your education. With this funding come some responsibilities and requirements that must be agreed to before funding can be approved.

#### Student must:

- 1. Attend class on a regular basis. Continued absence could result in funding being suspended.
- 2. Complete all funded courses and programs. Repeated courses will not be funded.
- 3. Submit a copy of transcripts of all the courses and programs you have completed.
- 4. For courses longer than two weeks, an interim report must be completed by your instructor and submitted to the above address.
- 5. Submit a personal letter stating long term and short term educational goals.

For those re-applying for funding, all transcripts must have a Grade Point Average of 2.0 to qualify for additional funding. All transcripts must be attached to your application.

| I,                    | have read and agree to the above statements. |
|-----------------------|--|
|                       |  |
|                       |  |
| Applicant's signature | Date   |



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#### STUDENT INFORMATION

| Student Name                                     |  | Birth date:<br>Status Number: 659  |   |  |
|--|--|------------------------------------|---|--|
| Mailing Address                                  |  | Phone number: Cell number: E-mail: |   |  |
| DDEVIOUS EDUCA                                   | TION   | 1                                  |   |  |
| PREVIOUS EDUCA                                   | Name of School   |                                    | Program Completed   |  |
| Secondary School                                 | 1 varie of School                                      |                                    | 1 Togram Completed  |  |
| College  |  |                                    |   |  |
| University                                       |  |                                    |   |  |
| Tribal Council, Nuu-clyes, from whom did yo      | hah-nulth Employment Tra<br>ou receive funding from an | aining progra                      | f the following; Nuu-chah-nulth am, or Employment Insurance? If |  |
| COLLEGE INFORMATION Institution Name and Address |  | Talanhana                          |   |  |
| mstitution Name and A                            | Address  | Telephone:                         |   |  |
|  |  | -                                  |   |  |
|  |  | Advisor:                           |   |  |
| PROGRAM INFORM                                   | MATION   |                                    |   |  |
| Course   | Start Date   |                                    | Finish Date   |  |
|  |  |                                    |   |  |
|  |  |                                    |   |  |
| FEES   |  |                                    |   |  |
| Item:  |  | Cost:                              |   |  |
| Application Fee                                  |  |                                    |   |  |
| Student Association Fee                          |  |                                    |   |  |
| Tuition  |  |                                    |   |  |
| Required Text                                    |  |                                    |   |  |
| Supplies   |  |                                    |   |  |
|  | Sub Total  |                                    |   |  |
| Less Student Contribution                        |  |                                    |   |  |
|  | TOTAL COST   |                                    |   |  |



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### **OTHER INFORMATION**

| I am attending:  | Full time  | Part Time | Distant/Online        | Self paced |  |  |  |  |
|--|--|-----------|-----------------------|------------|--|--|--|--|
| I will receive:  | Certificate  | Diploma   | Degree                | Other      |  |  |  |  |
| By signing below, I accept responsibility for satisfying the academic requirements of the above named Education Institution. |  |           |                       |            |  |  |  |  |
| Applicants Signature   |  |           | Date                  |            |  |  |  |  |
| IS MY APPLICATION COMPLETE?  Student funding agreement signed and dated.   |  |           |                       |            |  |  |  |  |
|  | Copies of all transcripts of all completed courses and programs attached to application. |           |                       |            |  |  |  |  |
|  |  |           | e/program you applied |            |  |  |  |  |
|  | ter stating education  |           | 1 0 7 11              |            |  |  |  |  |
| OFFICE USE ON  | NLY  |           |                       |            |  |  |  |  |
|  |  |           |                       |            |  |  |  |  |
| Approved   | wad  |           |                       |            |  |  |  |  |
| Not Appro  | veu  |           |                       |            |  |  |  |  |
| Vivien Thomas, Post-Secondary Counsellor   |  |           | Date                  |            |  |  |  |  |