



NUXALK ACWSALCMALSACY ACADEMY OF LEARNING SOCIETY

Application for Educational Assistance

CONFIDENTIAL WHEN COMPLETED

POST SECONDARY UNIVERSITY & COLLEGE ENTRANCE PROGRAMS



STUDENT IDENTIFIER

New Student

From UCEP

Re-enrollment

Application Date: _____ Have you been previously funded by NAALS YES NO

If Yes please indicate: _____ Year: _____

BASIC STUDENT INFORMATION

Name: _____

Phone #: _____

Address: _____

Gender: Male Female

Residence : Off Reserve

On Reserve

Email: _____

Band Number: _____

Date of Birth: _____

Number of Dependents _____

Please List Dependents and Date of Birth: (Print Please)

1) _____

5) _____

2) _____

6) _____

3) _____

7) _____

4) _____

8) _____

TYPE OF PROGRAM

University / Diploma

Bachelors Degree

Masters

PHD

Program / Course : _____

Institution: _____

Location: _____

Length of Program: _____ Months _____ Years

Date of Graduation: _____

Institutional Acceptance: Final Continued Conditional

Training Dates: Please put start and end dates below

Start: _____ End: _____

PLEASE FORWARD YOUR PERMANENT ADDRESS AND PHONE NUMBER A.S.A.P IF DIFFERENT FROM ABOVE.

ESTIMATE COSTS

Fiscal Year: _____

First Semester

September - December

Tuition	\$
Books and Supplies	\$
Monthly Living Allowance	\$
High Rent Allowane	\$
Seasonal Travel	\$
Other Costs	\$
Total Costs	\$

Second Semester

January - April

Tuition	\$
Books and Supplies	\$
Monthly Living Allowance	\$
High Rent Allowane	\$
Seasonal Travel	\$
Other Costs	\$
Total Costs	\$

- * Tuition = Total tuition for each semester
- * Registration (reimbursable upon acceptance of sponsorship)
- * Books and Supplies = \$700.00 per semester; allotted to the bookstore for credit
- * Monthly Living Allowance: see guidelines for monthly maintenance allowance (page 4)
- * High Rent: see guidelines for high rent information (page 5)
- * Seasonal Travel: See guidelines for seasonal travel information (page 60)

RELEASE INFORMATION

I, _____ hereby authorize

_____ college / university

from _____ to release information on my
Name of City

educational progress to the Educational Administrator or the Administrative Assistant of the Nuxalk Acwsalcmalslayc Academy of Learning Society.

Student Signature: _____

This _____ day of _____ 20_____
month

Witness: _____ Date: _____

I have read and agree to the conditions for this financial assistance

_____ Student Signature

_____ Date

TO BE FILLED BY ADMINISTRATION

Recommended

Not Recommended

Funding Dependent

_____ Education Administrator Signature

_____ Date