

SIPEKNE'KATIK
522 Church Street
Indian Brook, NS
B0N 1W0

Tel: 902.758.2049
Fax: 902.758.2017



POST-SECONDARY FUNDING APPLICATION

Acceptance letter is mandatory before approval

Fill out application completely; all contact information must be current and active.

Surname: _____ Given Name: _____ Initial: _____

Date of Birth: ___/___/___(d/m/y) Age: ___ Reinstated Bill C-31 () Yes () No

Gender: M___ F___ Other___ Band: Shubenacadie Full Band #0250 _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone #: () _____ Cell# () _____

Email Address: _____

RESIDENCY & Meal Plan : Yes or No

School Information:

University/College Name: _____ Student ID #: _____

Full-time () Part-time ()

University/College Name: _____

Degree: _____ Major: _____

Duration: _____ Years Current Year: _____

Graduation Year: _____



Level I ____ Level II ____ Level III ____ Level IV ____

Level I = UCEP (i.e.: TYP)

Level II = Undergraduate

Level III = Advanced Undergraduate/Graduate

Level IV = Targeted Community Program

Initial by each number to indicate that you have read and agree to the following terms:

1. I will meet the educational standards of the institution for successful continuation of my studies.
2. I will provide transcripts at the end of each academic term to Sipekne'katik Education Department.
3. I will report any Change in program or student status, "Promptly" to the Sipekne'katik Education Department.
4. I will manage the education assistance received to the best of my ability.
5. I will report any monies earned to the Sipekne'katik Education Department.

Student Signature: _____ Date: _____

Approved by: _____ Date: _____