



Stó:lō Service Agency

Bldg. #5-7201 Vedder Rd., Chilliwack, BC V2R 4G5

Tel: 604 858-3366 Fax: 604 824-0276

2026-2027 Post-Secondary Funding Application Form

Checklist

1. **Confirmation of Student Registry** (copy of valid status card) page 2
2. **Letter of acceptance** into a Certificate/Diploma, Degree or Master's Program
3. Letter of your Education Journey
4. **Official Transcripts** – new students (grade 12 graduation)
5. **Official Transcripts** – continuing students from last year.
6. **Declaration of Residency** (Declaration of Canadian Residency, page 4 – Terms and Conditions: Student Authorization, Consent Form).
7. Marital status information (spouse & dependent children).
8. Names & relationship of dependents claimed.
9. Previous Education history (Secondary High School & Post-Secondary).

2026-2027 Post-Secondary Funding Application Form

Applicant Information

Last Name		First Name		M.I.		Date	
Status #				Date of Birth			
Street Address				Apartment/Unit #			
City	Province				Postal Code		
Phone				Email Address			
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Separated/Divorced <input type="checkbox"/>			
Years lived at address		SIN			Emergency Contact		
Are you currently employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Employer				
If yes do you plan to continue employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many hours per week				
Living at home:	Yes <input type="checkbox"/> No <input type="checkbox"/>						

Confirmation of Eligibility-Registered First Nation

Aitchelitz Matsqui Popkum Skowkale Skawahlook
 Tzeachten Yakweakwoose

Registry Name: _____ Registry #: _____

Spouses Information:

Last Name		Given Name				
SIN #			Employer			
Employed		Receiving other benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	State Benefits (WCB, Pension, etc.)	

Dependent Children Residing with Student: (Additional children on separate sheet)

Last Name	Given Names	Date of Birth	Relationship

Program Information

Institution Name			Student Number			
Program Name						
Length of Program		Start Date		End Date		
Occupational Field						
Current Year of Study		Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	

Education and Training History:

	Name of School	Location	Duration	Completion	Certification	Band Funded?
High School						
College						
University						
Graduate School						
Other						

Study Plan (Complete using your school's calendar)

	Fall Session	Winter Session	Spring Session	Summer Session
Duration				
# of courses				
# of credits				
FT/PT				
List months for which living allowance requested?				
Total number of months of living allowance requested?				

Projected Completion Plan

Year 1	Number of Courses:	Number of Credits:
Year 2	Number of Courses:	Number of Credits:
Year 3	Number of Courses:	Number of Credits:
Year 4	Number of Courses:	Number of Credits:
Year 5	Number of Courses:	Number of Credits:
Year 6	Number of Courses:	Number of Credits:
TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:		
I have consulted with an academic/career counsellor: <input type="radio"/> Yes <input type="radio"/> No		
I have made contact with the Aboriginal support worker at my institution: <input type="radio"/> Yes <input type="radio"/> No		

I agree to the following terms and conditions. I will/do:

- Attend all classes scheduled & complete all assignments for my program.
- Inform Stó:lō Service Agency *immediately of any & all changes* that may affect the status of my program or application.
- Will have to maintain or “achieve a GPA 2.33 C+ grade”** or higher to prevent not being on academic probation.
- Submit to Stó:lō Service Agency **Official Transcripts** of grades at the ***end of each initial term.***
- Agree to the release of information by the Post-Secondary Institution to the Stó:lō Service Agency regarding my registration, attendance, progress & effort at their request.

I accept responsibility to abide by the above terms & conditions and realize that failure to do so will jeopardize continued funding delivery for my program of studies.

FINANCIAL PLAN

Financial Projection		
Estimated Cost	Current Year	Next Year
Tuition		
Books and Supplies		
Living Expenses		
Transportation		
Travel		
I have additional applications for funding. They are: (please list)		
Scholarships <input type="checkbox"/> :		
Bursaries <input type="checkbox"/> :		
Awards <input type="checkbox"/> :		
Provincial/Federal Student Loans <input type="checkbox"/> :		
I have spoken with the financial aid department at my institution about funding: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Declaration of Residency			
I _____ certify that I have been a resident in Canada for twelve months prior to this date.			
Signature		Date	
Code of Conduct and Signature			
I certify that my answers are true and complete to the best of my knowledge.			
Signature		Date	

Office Use Only		
Request	Approved	Denied
(Reasons attached)		
Application Received:		
File Number:		
Total # of months living allowance:		
Total Tuition:		
Total Books & Supplies:		
Sponsored to date:		
<p>_____</p> <p>Approved by (title) Approved by (title) -+</p>		