



Employed spouse source of income:	Spouse income: <input type="checkbox"/> Less than \$30,000 annually <input type="checkbox"/> \$30,000 to \$60,000 <input type="checkbox"/> \$60,000 or more
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### Education Plan

<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Level of Study (as per section 14 of NPSEAP): <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	What year of your plan are you in: _____  Length of Program: _____
Program of Studies: _____	Start Date: _____  End Date: _____

### Education History

School Name	Program	Completion	Year
Secondary			
College			
University			
Other			

I hereby apply for financial assistance under the Nisga'a Post-Secondary Assistance Program. I confirm that the information provided in my application is accurate.

I authorize the Nisga'a Village of \_\_\_\_\_ to access information pertaining to this application for the purposes of confirming Nisga'a citizenship and administering the Nisga'a Post-Secondary Assistance program and my eligibility.

I agree:

1. To provide proof of registration to the institution to which I have made application
2. To authorize the Education Administrator to inform

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date