

EDUCATION DEPARTMENT

Ditidaht Education Skills and Training APPLICATION

Personal Information

LAST NAME _____ FIRST NAME _____

Birthdate _____ Soc.Insur.Number _____

Band #6620 _____ Expiry Date: _____

Address _____ City _____ Prov: _____ Postal Code _____

Home Phone _____ Business Phone _____

Email _____

Applicants earnings per month _____

APPLICANTS EDUCATION RECORD

Last Grade Completed _____ Name of School _____

Funding Information

NAME OF SCHOOL: _____

ADDRESS: _____ **PHONE #** _____

Name of Course/s or Program _____

Start Date _____ **End Date** _____

First time application? YES _____ **NO** _____

If NO, was your applicant within this fiscal year? YES _____ **NO** _____

Cost of tuition and Course Fees _____

If over \$2000.00 have you applied for student loans? YES _____ **NO** _____

If yes Student Loan # _____

FINAL AGREEMENT FOR FUNDING APPROVAL

I agree to send transcripts upon completion of my program Yes____ No____

I agree to inform the Ditidaht Education Department prior to withdrawing from any course/s or training program: Yes____ No____.

I agree to give permission to DFN Education Department to do periodic checks on my attendance and progress Yes____ No____.

I agree to arrange repayment to the DFN Education Department if I do not complete my program or training and will not apply for funding until I have repaid the amount in full.

Name (print) _____ Signature _____

Date _____

Approved _____ Not Approved _____

Education Dept./ CSM Signature: _____ DATE: _____