

# Ditidaht Education Department

P00. Box 340, Port Alberni, B.C., V9Y 7M8  
Phone # 1-250-745-8155, Fax # 1-250-745-3332  
Band Office 1-250-745-3333

## University Incentive Funding Application

### Statement of Agreement

I agree to send copies of my transcripts upon my completion

I agree to contact the Ditidaht Education Department Regularly

I agree to inform the Ditidaht Education Department ASAP if I withdraw from any courses of my training or programs

I agree to give the Ditidaht First Nation Education Department permission to conduct periodic checks on my attendance and progress

I give consent to the Ditidaht Education Department to verify my income with other agencies

I agree to arrange for repayment to the Ditidaht Education, Skills and Training Fund if I do not complete my Program or Training and will not apply for funding until I have repaid the amount in full

I \_\_\_\_\_ understand the Statement Agreement (  
**Signature of Applicant**)

Last name \_\_\_\_\_ . Middle Initial \_\_\_\_\_ . First Name \_\_\_\_\_

D.O.B. M. D. Y. \_\_\_\_\_ , Social Insurance Number \_\_\_\_\_

Ditidaht Registration Number \_\_\_\_\_ . Phone # \_\_\_\_\_

Address \_\_\_\_\_ . City \_\_\_\_\_ Prov \_\_\_\_\_

Zip Code \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Name of University \_\_\_\_\_

Programs/Courses \_\_\_\_\_

Student services \_\_\_\_\_ . Phone # \_\_\_\_\_

Tuition Fee's \$ \_\_\_\_\_ Book Fee's \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Primary Funding Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

Alternate Funding \_\_\_\_\_ Phone # \_\_\_\_\_

What is your Goal \_\_\_\_\_

**Applicants Signature** \_\_\_\_\_ . **Date** \_\_\_\_\_