Post-Secondary Student Support Program (PSSSP)

2024-25 Academic Year

Program Description

The Post-Secondary Student Support Program (PSSSP) provides eligible First Nations students with funding to access education opportunities at the post-secondary level, including university and college entrance preparation programs. Subject to the BC Association of Aboriginal Friendship Centre's (BCAAFC) contract with Indigenous Services Canada, students must meet all the following eligibility requirements:

- i. First Nation students who are registered Status Indians
- **ii.** and **do not have band membership**, and are thus ineligible to apply for funding through their band
- iii. Must be a **BC resident**

Application Process

Applications for PSSSP must be completed and submitted to the Education Coordinator at BCAAFC by 5:00 PM on the application deadline. The application process requires:

- i. A complete application form signed and dated.
- ii. All supporting documents as listed in the application checklist.
- **PDF file**, labeled YourName_PSSSP_Fall2024 (or whichever semester you are applying for, _Fall/Winter2024, etc.). If you are unable to combine all documents, **please clearly label** each document as listed on the application checklist.



- iv. If you are a successful applicant, your funding is contingent upon submission of your
 - **a.** Official transcripts, provided by your school's registrar, from your most recent schooling. Please note, a screenshot of your grades cannot be accepted. It must be an official transcript.
 - **b.** Proof of registration for the courses you are taking in the upcoming semester

Incomplete applications will not be considered.

Application Deadline

July 1st, 2024

for the Fall & Winter semesters (September-December 2024, January-April 2025)

November 1st, 2024

for the Winter Semester (January-April 2025)

March 31st, 2025

for students applying for the summer semester (May-August 2025)

Contact Information

Please forward all applications, correspondence, inquiries, and official transcripts to the following:

Email: education@bcaafc.com

Phone: (236) 361-9435



PSSSP Application

A. Eligibility Requirements

This funding is intended for Indigenous students who are registered in a Canadian post-secondary institution and who demonstrate significant financial need.

All fields are required to consider an application complete. If the field does not apply to you, please enter **N/A.**

Name:			
Status First	: Nation (Registered	Indian)	
Yes	☐ No	Registry Number:	
Do you hav	e Band membershi	p?	
Yes	☐ No	Band Affiliation:	
Are you elig	gible for funding thr	ough your Band?	
Please prov	vide any additional d	details to explain the above:	
Have you a	pplied for post-seco	ondary funding from your band recently or in the past?	
Are you a E	BC resident?		
Yes	☐ No		
Applicant T			
Conf	tinuing (funded by E	BCAAFC for the previous school year)	
	Returning (formally funded by BCAAFC; have taken a break from schooling and are returning)		

B. Applicant Information

Social Insurance Number (SIN)		Birthdate		Gender
Street Address				
Town		Province	<u> </u>	Postal Code
Phone Number E	mail			
C. Semester Summer (May-August Fall (September-Dece Winter (January-April)	ember) 2024			
D. Program Info		n		
Traine of Fost Secondary ins	on a contraction of the contract			
Start date of your program	School	attendance:	Full-tir	me Part-time
Program Type:	☐ Certifica	ate	☐ Diplor☐ Other	
If other, please explain	<u>_</u> F	rogram of Stu	ıdy	
Length of Program years/m	onths) F	Program locati	on	



Year of studies you are curre	_	irst ourth	Second ThirdOther (explain below)
e. Family Infor	mation		
Marital Status:			
SingleSingle and living withMarried with Dependent			ngle Parent arried with Employed Spouse
If you are married with an er	mployed spouse, do art-time	they wo	ork full-time or part-time?
Secondary Contact Name (Th	his is someone we w	ould co	ontact if we cannot reach you)
Relationship to you P	hone Number	Er	mail Address
F. Dependents			
List all of your dependents a required documentation for	·		day, year). Please submit certificate, marriage certificate).
Name	 Birthdat	е	Relationship
Name	Birthdat	е	Relationship
Name	 Birthdat	e	Relationship
Name	 Birthdat	<u> </u>	Relationship



G. Education Information

riease tell us about your academic progress to date, your areas of study, and/or certificates/diplomas/degrees you have completed.
My long term academic and career goals include:



H. Budget

(If you need more space, you may attach another sheet)

Monthly Expenses

Rent/Mortgage/Residence:	\$
Please specify:	
Utilities (hydro, water, internet):	\$
Transportation (bus pass, gas, car insurance):	\$
Please specify:	
Medical/dental premiums:	\$
Related heath care costs:	\$
Food:	\$
Childcare:	\$
Other:	\$
Please specify:	
Other:	\$
Please specify:	
TOTAL	\$

One-Time Education Costs for the 2024-2025 Academic Year

Tuition and required fees for term of study (Please specify the cost per semester that you are applying for) Fall 2024: Winter 2024: <u>\$</u> Total for school year: <u>\$</u> Summer 2024 **Mandatory books and supplies** (Please specify the cost per semester that you are applying for) Fall 2024: Winter 2024: Summer 2024 Total for school year: \$_____ TOTAL: Income & Financial Resources for 2024-2025 Academic Year List the source of income, the timeframe, and amount. This includes part-time or full-time work and all actual and projected income from scholarships, bursaries, merit awards, and student loans. Part-time or full-time work From (MM/YY) To (MM/YY) \$/Month To (MM/YY) \$/Month Part-time or full-time work From (MM/YY)



TOTAL: \$

Other income sources (e.g., scholarships, bursaries, loans)

Income source	From (MM/YY)	To (MM/YY)	\$ Amount
Income source	From (MM/YY)	To (MM/YY)	\$ Amount
Income source	From (MM/YY)	To (MM/YY)	\$ Amount
Income source	From (MM/YY)	To (MM/YY)	\$ Amount
Income source	From (MM/YY)	To (MM/YY)	\$ Amount
		TOTAL: ¢	

FUNDING AGREEMENT

BC Association of Aboriginal Friendship Centres
Post-Secondary Student Support Program (PSSSP)
2024-2025 Academic Year

The BC Association of Aboriginal Friendship Centres, through a contract administered by Indigenous Services Canada, is pleased to assist students with their education. Prior to funding, you, the student, must agree to the following:

- i. To complete all sponsored courses and programs, to the best of my ability;
- **ii.** To submit official transcripts of marks for completed courses according to the schedule below:
 - a. For the Fall term, by January 15th, 2024
 - **b.** For the Winter term, by May 15th, 2024
- **iii.** To notify BCAAFC education department in writing if my contact information changes.



iv. To notify BCAAF0 study.	education department of any withdrawals from my program of
the academic requirem and managing the educ and I understand the al	(the applicant), confirm that all of the personal complete and accurate. I accept responsibility for satisfying ents of the post-secondary institution I will be attending, ation funds responsibly and as agreed upon. I have read pove funding agreement. I agree to these conditions and tand that failure to fulfill these requirements and conditions g being suspended.
Student Signature	Date
Release of Inform	nation
To whom it may concer	ר:
This is an authorization	for Admissions/Registration and the First Nations Office at
to release information a Association of Aborigina	(your institution) bout my courses, grades, tuition, and student fees to the BC Il Friendship Centres.
Printed name:	
Signature:	Date:



Application Checklist

You must read and fill out ALL sections of the application to be considered for funding. Please write N/A if a section does not apply to you.

Incomplete applications will not be considered.

Applications for PSSSP must be completed and submitted to the Education Coordinator at BCAAFC by 5:00 PM on the application deadline. A complete application includes:

	Application Checklist – completed and s	signed	
	Application Form – completed and signed		
	Budget – (section h. of application form income for the academic year) including all expenses and sources of	
	A copy of your Status Card – front and	pack	
	Proof of Acceptance/Enrollment – from	the institution you will be attending	
	Cost of Tuition and Fees – for each semprovide documentation from the post-sapproximate tuition and fees for your parts.	secondary institution that clearly states	
	Most Recent Grades/Transcripts – you with your application, but successful catranscripts before receiving their funds		
	Proof of Registration – please send in with your initial application, a list of the courses you are registered in for the upcoming semester		
	Verification of Dependents Claimed – (i. applicable)	e. birth certificates, marriage certificate if	
		the applicant), ont upon my submission of the following or at BCAAFC:	
	a. Proof of Registration – list of course upcoming semester	s you are registered in for each	
	b. Official Transcripts – official transcri	ots from your most recent schooling	
	c. Official Transcripts for each semeste	er that I have received PSSSP funding	
rinte	ed Name:		
tude	nt Signature	 Date	

