

# Post-Secondary Student Support Program (PSSSP)

## 2020-2021 Academic Year only

### PROGRAM DISCRIPTION AND ELIGIBILITY

The Post-Secondary Student Support Program (PSSSP) provides financial assistance to eligible students towards the cost of their post-secondary education. Subject to the continuation of the BC Association of Aboriginal Friendship Centres (BCAAFC) service contract with the Aboriginal Affairs and Northern Development Canada (AANDC), students in the following categories are eligible:

- Northwest Territory or Nunavut Inuit students who have been residing in British Columbia for 12 consecutive months;
- British Columbia registered members who do not have Band membership or an affiliation with a Band (BC General List); and
- Status Indian students who are affiliated with a BC First Nation as indicated on Status Card but do not have Band membership.

### APPLICATION PROCEDURES

Applications for financial assistance received by the Post-Secondary Student Assistance Program Coordinator must include:

1. Completed signed Application Form (ensure all four pages are fully completed);
2. Documented proof from one of the categories listed above (i.e. status card, birth certificates, etc.);
3. Verification of Dependants claimed (i.e. birth certificate);
4. Course outlines and Approximate fees for Post-Secondary program applied for; and,
5. Proof of Acceptance or Conditional Acceptance into a Post-Secondary program of studies.
  - a. <https://www.sac-isc.gc.ca/eng/1429541743524/1531402273996>

### DEADLINE FOR APPLICATIONS

**March 31<sup>st</sup>** – For continuing students applying for the summer semester

**May 1<sup>st</sup>** – For continuing students applying for the fall semester

**July 1<sup>st</sup>** – For NEW students starting the fall and/or the winter/spring semesters

### CONTACT US/SUBMIT APPLICATIONS

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

[education@bcaafc.com](mailto:education@bcaafc.com) / 250-388-5522 Extension: 216

**OR**

Education  
BC Association of Aboriginal Friendship Centres  
551 Chatham Street  
Victoria, BC V8T 1E1

## Post-Secondary Student Support Program (PSSSP) 2019-2020 Application

### A: Student Information

Name of Applicant:	Social Insurance Number (required):
Street Address:	Birthdate (required):
Town:	Province (required):
Phone #:	Postal Code:
Cell #:	First Nation /Inuit (required):
Email:	Registry Number:

Name of Emergency Contact:	Address of Emergency Contact:
Phone # of Emergency Contact:	Relationship:

Marital Status:			
↑ Single <input type="checkbox"/>	↑ Single Parent <input type="checkbox"/>	↑ Single & Living with Employed Parent <input type="checkbox"/>	
↑ Married with Employed Spouse <input type="checkbox"/>	↑ Married with dependent spouse <input type="checkbox"/>		

### B: Dependant Information

Please list all dependants and their birthdates in the following format – September 14, 1998.  
Please submit all documentation for dependents claimed (ie. Birth certificate).

Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:

### C: Program Information

School:	Location:
Program:	Program Type (only check one) <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> OTHER (contact us)

Student Type (check one): <input type="checkbox"/> <b>NEW</b> <input type="checkbox"/> CONTINUING (formerly bcaafc funded) <input type="checkbox"/> RETURNING (formerly bcaafc funded)	School Attendance will be (check one): <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time (as defined by your school)
Year of Studies currently in (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> UCEP <input type="checkbox"/> MA <input type="checkbox"/> PhD  Length of Program in Years ( <b>check one</b> ): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Funding Requested for (check all that apply): <input type="checkbox"/> Fall semester (September+) <input type="checkbox"/> Winter semester (January+) <input type="checkbox"/> Summer semester (May+)  *If your classes align differently, please explain.

**D: Educational Goals and Progress**

Up to this point in my education, I have completed the following (please list any courses, certificates, diplomas you have completed):     
For the academic year 2020-2021, I plan to complete:     
Long term academic goals:          

I confirm that the all of the personal information provided is complete and accurate. I accept responsibility for satisfying the academic requirements of the above institution and managing the education funds to the best of my ability.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**BC Association of Aboriginal Friendship Centres**  
**POST SECONDARY STUDENT SUPPORT PROGRAM (PSSSP)**  
**STUDENT FUNDING AGREEMENT**  
**2020-2021 Academic Year**

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

1. To attend class on a regular basis as continued absence could result in failure and related funding suspension;
2. to complete all sponsored courses and programs;
3. to maintain a minimum course load for a full time student as defined by your post secondary institution;
4. to maintain a C+ grade point average in each and every registered course;
5. to submit a transcript of marks for completed courses according to the schedule below:
  - a) for the Fall term by January 31<sup>st</sup>
  - b) for the Winter term by May 31<sup>st</sup>
  - c) for the Summer term by September 30<sup>th</sup>;
6. to notify the BCAAFC education department in writing of any changes in plans, courses, address, etc.

I, \_\_\_\_\_ (the applicant/student), have read and understand the above and agree to these conditions and requirements. I understand that failure to fulfil these requirements and conditions may result in my funding being suspended.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION**

To whom it may concern:

This is an authorization for Admissions/Registration and the First Nations Office at (your institution) \_\_\_\_\_ to release information about my courses, grades, tuition, and students fees to the BC Association of Aboriginal Friendship Centres.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Notice

Students – please sign and give a copy to the registration office at your institution or include a copy with your application to the school. Also, please make sure a copy is included with your Post-Secondary Application.

Please read and fill out **ALL** sections of the application to be considered for funding (incomplete applications will not be considered).

## Checklist:

- please copy all documents into ONE file for application**
- application form (completed)
- documentation for dependents claimed (i.e. birth certificates)
- course outlines
- approximate fee amount
- proof of registration
- proof of acceptance
- transcripts (grade 12 or current post-secondary)
- proof of status (copy of status card; or copy of enrolment/registered letter)

**Please note that you must declare any student loans to the coordinator.**

Use the above checklist to ensure the application you are submitting is completed.

Incomplete applications will not be accepted.

## Deadlines

For inter-session or summer semester minimum of one month prior to start of program, if funding is still available.

## Contact Us

BC Association of Aboriginal Friendship Centres  
551 Chatham Street  
Victoria, BC  
V8T 1E1

Telephone (250) 388-5522 Extension: 216  
Toll Free (800) 990-2432

Fax (250) 388-5502 (please notify us if you contact us by fax machine)