

# Emergency Post-Secondary Education Funding Covid Relief Funds 2020-2021 Academic Year

## PROGRAM DESCRIPTION

BC Association of Aboriginal Friendship Centres is pleased to provide additional funds to help First Nations post-secondary students get the supports they need to continue with their studies despite disruptions caused by the current public health crisis. BCAAFC is pleased to administer these additional emergency Covid-relief funds for eligible students on behalf of Indigenous Services Canada.

Subject to BCAAFC's contract with ISC, students must meet the following eligibility requirements:

- First Nations students who are **registered Status Indians**
- and **do not have band membership**, and are thus ineligible to apply for funding through their band
- Must be a **BC resident**, who has resided in BC for a minimum of 12 consecutive months

## ELIGIBLE EXPENSES

These funds are intended to support students whose studies have been impacted by the ongoing pandemic and thus need additional financial support in order to continue successfully. Up to \$1,500 will be given to select students as a one-time payment. Eligible expenses fall under one of the following three categories:

1. Counseling, mental health, and wellness
2. Technology needs to support students with online schooling
3. Additional tuition and/or living allowance support for extenuating circumstances

Funding is limited, thus not all applicants will receive financial assistance.

## APPLICATION PROCESS

Applications for the Emergency Post-Secondary Education Funding must be completed and submitted to the Education Coordinator at BCAAFC by 5pm on the application deadline. The application process requires:

1. A complete application form, signed and dated.
2. All supporting documents listed on the Application Checklist.
3. Please scan and submit your application and all supporting documents in either PDF or Word format and email it to [Education@bcaafc.com](mailto:Education@bcaafc.com). **Please clearly label** each document.

\*Please Note: Applicants may be asked to provide additional supporting information at the discretion of the BC Association of Aboriginal Friendships Centres.

## DEADLINE FOR SUBMISSION:

**October 30<sup>th</sup>, 2020**

## CONTACT INFORMATION

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

Email: [education@bcaafc.com](mailto:education@bcaafc.com) Phone: (250) 388-5522 Ext. 216

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

**\*\*\*Due to the ongoing pandemic, please forward applications digitally if possible. If you are not able to submit them digitally, mail them as soon as possible and expect delays in processing times.\*\*\***

## 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 the Emergency Post-Secondary Education Funding must be completed and submitted to the Education Coordinator at BCAAFC by 5:00pm on the application deadline. A complete application includes:

- Application Checklist** – completed and signed
- Application Form** – completed and signed
- A copy of your Status Card** – front and back
- Proof of Registration** – documentation of the courses you are registered in for the current and/or upcoming semester.
- Most Recent Grades/Transcripts** – you may submit unofficial transcripts/grades with your application, but successful candidates must submit their official transcripts before receiving their funds.
- A Self-written Letter** – explaining your circumstances including: what you intend to use the funds for, why you need the extra financial support, and how it will assist you in your studies.
- (Optional) Additional supporting documents and evidence of need, if applicable** – any additional documents that help demonstrate your circumstances and confirm your need for financial assistance.

---

**Printed Name**

---

**Student Signature**

---

**Date**

## Emergency Post-Secondary Education Funding – Application

### a. Eligibility Requirements

<b>Name:</b>		
Status First Nation (Registered Indian)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Registry Number:
Do you have Band membership?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Band Affiliation:
Are you eligible for funding through your Band?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
➤ Please explain (required):		
Are you a BC resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How long have you resided in BC:
<b>Applicant Type:</b>		
<input type="checkbox"/> <b>NEW</b>	<input type="checkbox"/> <b>CONTINUING</b> (Funded by BCAAFC for the previous school year)	<input type="checkbox"/> <b>RETURNING</b> (formally funded by BCAAFC)

### b. Applicant Information

<b>Social Insurance Number (SIN):</b>	
<b>Birthdate:</b>	<b>Gender:</b>
<b>Street Address:</b>	<b>Town:</b>
<b>Province:</b>	<b>Postal Code:</b>
<b>Phone Number:</b>	<b>Email:</b>

### c. Funding Request

<b>Under which category are you requesting funding for?</b>		
<input type="checkbox"/> Counselling, mental health, and wellness support	<input type="checkbox"/> Technology needs	<input type="checkbox"/> Additional tuition or living allowance support
<b>Briefly state what you are requesting the funds for:</b>		
<b>Please list the approximate cost of your request:</b>		

**d. Program Information**

Name of Post-Secondary Institution you attend:	
Start date of your program:	School attendance: <input type="checkbox"/> full-time <input type="checkbox"/> part-time
Program Type:	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other
➤ If other, please explain:	
Program of Study:	
Location:	Length of Program: (# of years, or months)
Year of studies you are currently in:	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth

**e. Family Information**

Marital Status:		
<input type="checkbox"/> Single	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Single and living with Employed Parent
<input type="checkbox"/> Married with Employed Spouse		<input type="checkbox"/> Married with Dependent Spouse
➤ If you are married with an employed spouse, do they work full-time or part-time?		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME

Emergency Contact (Name):	Relationship to you:
Phone Number:	Address:

**f. Dependents:**

Please list all dependents and their birthdates (Month, Day, Year).		
<b>Name:</b>	<b>Birthdate:</b>	<b>Relationship:</b>

**Declaration:**

I declare that I need assistance to help finance my education and the information I have provided in this application form is, to the best of my knowledge, true, correct, and complete.

I understand that the information I have provided herein is subject to verification and audit.

I understand that if I do not provide complete, accurate information or if I obtain or intend to access financial assistance by fraudulent means, I may be denied Emergency Post-Secondary Education Funding now and in the future.

I consent to the exchange of information between appropriate financial institutions, schools, municipal, provincial, and federal government ministries, departments and agencies solely for the purpose of verifying or investigating information pertaining to this application and related documents.

I, \_\_\_\_\_ (the applicant), confirm that all of the personal information provided is complete and accurate. I accept responsibility for satisfying the academic requirements of the post-secondary institution I will be attending, and to managing the education funds responsibly and as agreed upon. I have read and I understand the above declaration. I agree to these conditions and requirements. I understand that failure to fulfill these requirements and conditions may result in my funding being suspended.

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

\_\_\_\_\_  
**Date**

- ❖ Would you like to be added to the BCAAFC Education Department mailing list, to receive occasional emails about post-secondary funding and other opportunities for Indigenous students?  
 YES     NO