

## Post-Secondary Student Support Program (PSSSP) 2024-2025 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 of the following eligibility requirements:

- First Nation 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

### APPLICATION PROCESS

Applications for PSSSP 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 as listed in the application checklist.
3. Please scan and submit your application and all supporting documents into **one 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.
4. If you are a successful candidate, your funding is contingent upon submission of your
  - a. Official transcripts from your most recent schooling
  - b. Proof of registration for the courses you are taking in the upcoming semester

\*Incomplete applications will not be considered.

### DEADLINE FOR SUBMISSION:

**July 1<sup>st</sup>, 2024** – for the Fall & Winter semesters (September-December 2024, January-April 2025)

**November 1<sup>st</sup>, 2024** - for the Winter Semester (January-April 2025)

**March 31<sup>st</sup>, 2024** – for students applying for the summer semester (May-August 2024)

### 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

## Post-Secondary Student Support Program – Application

### a. Eligibility Requirements

\*Note this funding is intended for Registered Indian students who **are not** eligible for funding through their Band.

<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	
➤ <b>Please provide details (required):</b>		
Have you applied for post-secondary funding from your band recently or in the past?		<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ If yes, please provide details including: when you applied, the level of schooling applied for (diploma, undergrad, graduate), if you were approved or denied, the reason for denial, etc.		
Are you a BC resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How long have you resided in BC:
Applicant Type:		
<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

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

### c. Program Funding

Which semester(s) are you requesting funding for?		
<input type="checkbox"/> Summer (May-August) 2024	<input type="checkbox"/> Fall (September-December) 2024	<input type="checkbox"/> Winter (January-April) 2025
Are you receiving any scholarships, bursaries, or other funding for your schooling?		<input type="checkbox"/> YES <input type="checkbox"/> NO

**d. Program Information**

Name of Post-Secondary Institution:	
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
<input type="checkbox"/> 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). Please submit required documentation for each dependent (i.e. birth certificate, marriage certificate)		
<b>Name:</b>	<b>Birthdate:</b>	<b>Relationship:</b>

**g. Education Information**

**Up to this point in my education, I have completed the following: (please list relevant courses, certificates, diplomas, degrees, etc. that you have completed)**

**For the academic year 2024-2025, I plan to complete:**

**My long term academic and career goals include:**

**h. Budget** (if you need more space, you may attach another sheet)

<b>Monthly Expenses</b>	<b>Amount</b>
Rent/mortgage/residence ➤ Please specify:	\$
Utilities (hydro, gas, water, internet)	\$
Local transportation (bus pass, car, car insurance, gas) ➤ Please specify:	\$
Medical/dental premiums and related health costs	\$
Food	\$
Childcare	\$
Other – Please specify:	\$
<b><u>TOTAL:</u></b>	\$

<b>One-Time Education Costs for the 2024-2025 Academic Year</b>	<b>Amount</b>
Tuition and required fees for term of study Please specify the cost per semester that you are applying for: <b>Fall 2024: \$_____ Winter 2024: \$_____ Summer 2024:\$_____</b>	\$ (Total for school year)
Mandatory books and supplies Please specify the cost per semester that you are applying for: <b>Fall 2024: \$_____ Winter 2024: \$_____ Summer 2024:\$_____</b>	\$ (Total for school year)
<b><u>TOTAL:</u></b>	\$

**Income and 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 <b>all</b> actual and projected income from scholarships, bursaries, merit awards, and student loans.			
Part-time or full-time work:	From: (Mo/Yr)	To: (Mo/Yr)	Amount per Month
			\$ /month
			\$ /month
<b><u>TOTAL:</u></b>			\$

Other Income Source: (scholarships bursaries, loans, etc.)	From: (Mo/Yr)	To: (Mo/Yr)	Amount
1.			\$
2.			\$
3.			\$
<b><u>TOTAL:</u></b>			\$

## 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:

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. Maintain a 2.5 grade point average (C+) in each and every registered course;
4. To submit official transcripts of marks for completed courses according to the schedule below:
  - a. For the Fall term, by January 15th, 2025
  - b. For the Winter term, by May 15th, 2025
5. To notify BCAAFC education department in writing of any changes to plans, courses, address, etc.

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 funding agreement. 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**

### 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 student fees to the BC Association of Aboriginal 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 4:00pm on the application deadline. A complete application includes:

- Application Checklist** – completed and signed
- Application Form** – completed and signed
- Budget** – (section *h.* of application form) including all expenses and sources of income for the academic year
- A copy of your Status Card** – front and back
- Proof of Acceptance/Enrollment** – from the post-secondary institution you will be attending
- Cost of Tuition, Books, and Fees** – for each semester that you are applying for, provide documentation from the post-secondary institution that clearly states approximate tuition and fees for your program of study
- 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.
- Proof of Registration** – if available, 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.e. birth certificates, marriage certificate if applicable)
  
- If I am a successful candidate, I \_\_\_\_\_ (the applicant), understand that my funding is contingent upon my submission of the following documents to the Education Coordinator at BCAAFC:
  - Proof of Registration** – list of courses you are registered in for each upcoming semester
  - Official Transcripts** – official transcripts from your most recent schooling
  - Official Transcripts for each semester that I have received PSSSP funding**
  
- 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

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**Printed Name**

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**Student Signature**

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**Date**