

Post-Secondary Student Support Program (PSSSP)

2026-27 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 Centres' (BCAAFC) contract with Indigenous Services Canada, students must meet all the following eligibility requirements:

- i. First Nation students who are **registered under the *Indian Act***
- ii. Are affiliated with a B.C. band OR are on the B.C. General list **AND do not have band membership** and are thus ineligible to apply for funding through their band

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.
- iii. Please scan and submit your application and all supporting documents into **one PDF file**, labeled **YourName_PSSSP_Fall2026** (or whichever semester you are applying for, **_Fall/Winter2027**, 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

November 1st, 2026

for Winter attending students (January - April 2027)

March 31st, 2027

for Summer attending students (May - August 2027)

July 1st, 2027

for the Fall attending students (September - December 2027)

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 have Band membership?

☐ Yes

☐ No

Band Affiliation: _____

Are you eligible for funding through your Band?

☐ Yes

☐ No

Please provide any additional details to explain the above:

Have you applied for post-secondary funding from your band recently or in the past?

☐ Yes

☐ No

Are you a BC resident?

☐ Yes

☐ No

Applicant Type:

☐ New

☐ Continuing (funded by 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

City

Province

Postal Code

Phone Number

Email

C. Semester

- ☐ Winter (January-April) 2027
☐ Summer (May-August) 2027
☐ Fall (September-December) 2027

D. Program Information

Name of Post-Secondary Institution

Start date of your program

School attendance: ☐ Full-time ☐ Part-time

Program Type: ☐ Certificate
☐ Degree

☐ Diploma
☐ Other

☐ Post-graduate

If other, please explain

Program of Study

Length of Program years/months)

Program location

Year of studies you are currently in:

☐ First

☐ Second

☐ Third

☐ Fourth

☐ Other (explain below)

E. Family Information

Marital Status:

☐ Single

☐ Single Parent

☐ Single and living with Employed Parent

☐ Married with Employed Spouse

☐ Married with Dependent Spouse

If you are married with an employed spouse, do they work full-time or part-time?

☐ Full-time

☐ Part-time

Secondary Contact Name (This is someone we would contact if we cannot reach you)

Relationship to you

Phone Number

Email Address

F. Dependents

List all of your dependents and their birthdates (month, day, year). Please submit required documentation for each dependent (i.e. birth certificate, marriage certificate).

Name

Birthdate

Relationship

Name

Birthdate

Relationship

Name

Birthdate

Relationship

Name

Birthdate

Relationship

G. Education Information

Please 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.

Total Expenses per Semester

Please specify the cost per semester that you are applying for. **You must provide documentation from your post-secondary institution for the cost of tuition and fees.** Please provide documentation from your post-secondary institution for the cost of books and supplies if available.

Rent/Mortgage/Residence: \$ _____

Please specify: _____

Transportation (bus pass, gas, car insurance): \$ _____

Please specify: _____

Utilities (hydro, water, internet): \$ _____

Medical/dental premiums: \$ _____

Related health care costs: \$ _____

Food: \$ _____

Childcare: \$ _____

Student loan: \$ _____

Tuition and required fees for semester: \$ _____

Mandatory books and supplies for semester: \$ _____

Other: \$ _____

Please specify: _____

Other: \$ _____

Please specify: _____

TOTAL: \$ _____

Income & Financial Resources for 2025-2026 Academic Year

List each source of income, the timeframe, and amount. This includes part-time or full-time work and all actual and projected income from sponsorships, scholarships, bursaries, merit awards, and student loans.

Are you receiving First Nations/Band, Métis, or Inuit IPSE sponsorship/funding?

☐ Yes ☐ No

Employment status:

☐ Full-time ☐ Part-time ☐ Unemployed

Part-time or full-time work	From (MM/YY)	To (MM/YY)	\$/Month
Part-time or full-time work	From (MM/YY)	To (MM/YY)	\$/Month
Part-time or full-time work	From (MM/YY)	To (MM/YY)	\$/Month

TOTAL: \$ _____

Please list another other income not noted above.

Income from scholarships or bursaries: \$ _____
This Semester

Income from student loans: \$ _____
This Semester

Other income source: _____ \$ _____
This Semester

TOTAL: \$ _____

FUNDING AGREEMENT

BC Association of Aboriginal Friendship Centres Post-Secondary Student Support Program (PSSSP) 2026-2027 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 Winter term, by May 15th, 2027
 - b. For the Summer term, by September 15th, 2027
- iii. To notify BCAAFC education department in writing if my contact information changes.
- iv. To notify BCAAFC education department of any withdrawals from my program of study.

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 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 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 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 institution you will be attending
- ☐ Cost of Tuition 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 – 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 applicant, I _____ (the applicant), understand that my funding is contingent upon my submission of the following documents to the Education Coordinator at BCAAFC:
 - a. Proof of Registration – list of courses you are registered in for each upcoming semester
 - b. Official Transcripts – official transcripts from your most recent schooling
 - c. Official Transcripts for each semester that I have received PSSSP funding

Printed Name

Student Signature

Date