



# Post-Secondary Education Funding Application

## Message from Executive Council

Congratulations on deciding to pursue your education goals!

Getting an education is the most important thing you can do to achieve the goals you have set for yourself. Achieving a university or college education, or acquiring a trade certification, opens up a huge number of opportunities. The evidence from study after study is clear: the surest way to a higher income and better quality of life and is to get post-secondary training.

Post-secondary education is not easy. It is one of the biggest challenges we can set for ourselves. It is intimidating to apply, it is a unique and different environment, and most of all, it is a lot of work. But it is one of life's most rewarding achievements – not just because of the personal challenge, but also because of the opportunities that await after you graduate.

Today's economy is oriented towards people who are highly trained in a trade or a profession. If you're ready, you will make a huge contribution to your own future, and to the future of our community, by taking the leap and registering for school.

We applaud you if you have made this decision. If you are still thinking about it, please read and consider this package carefully. You are encouraged to contact the Education Department with any questions you may have as they would be happy to assist you. Good luck in your studies!

-Chief & Executive Council

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## Education Department Contact Information

### **Lindsey Frederickson**

Manager, Education Department

### **Pamela Rowat**

Education Program Assistant, Education Department

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*TFN staff strive to keep all forms current and aligned with policy. If there is any inconsistency between this form and the policy, the policy will prevail. Please report any discrepancies to the Education Department.*

## Post-Secondary Funding Application Checklist

Your application for post-secondary funding will not be considered until all required documents are submitted. Please ensure that you provide all necessary documents from the list below. If a particular document is not applicable to you, please write "N/A" in the space provided.

Item #	Application Requirement	Applicant Check (✓)	Department Verification
1.	Completed Post-Secondary Funding Application Form		
2.	Prior school records from Grade 11 onwards, including any diplomas or certificates achieved ( <i>original documents only, photocopies will not be accepted</i> )		
3.	A copy of your previous year's T4 and/or Notice of Assessment from Canada Revenue Agency		
4.	A copy of the previous year's T4 and/or Notice of Assessment for your spouse ( <i>if applicable</i> )		
5.	A letter from your employer indicating your total employment hours per week and anticipated gross monthly salary for the period of study on your application form ( <i>if applicable</i> )		
6.	Official Course Registration ( <i>once confirmed</i> )		
7.	Letter of Acceptance from the program/institution you are applying to		

Academic Year (e.g. Sept 2025 - April 2026)

**Type of Application**

New Application  
*Complete all sections*

Renewal of Funding  
*Complete sections A, D, E, F & G*

Change of Information  
*Complete relevant sections*

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**Section A - Personal Information\***

First Name

Last Name

Please indicate your pronouns (optional)

*A pronoun is a word used to refer to you in the third person, some examples include they, she, and he. We invite you to share your pronouns so that our service delivery is respectful, safe, and inclusive.*

Prefer not to answer

Address

Prov/State

Postal/Zip Code

E-mail Address

Phone

Preferred method of contact

E-mail       Phone

Relationship Status

Single       Married  
 Common-law       Separated  
 Divorced       Prefer not to answer

TFN Enrollment Number  
(required)

Date of Birth

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## Section B - Previous Education Information\*

### Secondary School

High School Name

Years attended

Grade 12 diploma?

Yes  No

If no, what was the last grade you completed?

Have you completed a GED or  
Adult Graduation Diploma?

Yes  No

If yes, what year did you complete your GED or Adult Graduation Diploma?

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### Post-Secondary School

Institution type:

College  University  
 Trade program  Other

Name of School

Diploma/degree/certification achieved and year completed

.....  
Institution type:

College  University  
 Trade program  Other

Name of School

Diploma/degree/certification achieved and year completed

.....  
Please list any certificate programs or other training courses you have taken and the year completed

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## Section C - Program Information\*

Please provide details about the program that you are seeking funding for

Program/Course Name

School Name:

Public Institution       Private Institution

Program type:

Certificate                       Vocational/Trades Program                      I will be enrolled:  
 Diploma                               Undergraduate Degree                       Part time  
 Graduate Degree                       Post-Baccalaureate                       Full time  
 Other

Anticipated Start and End Dates for the program

Have you been accepted into the program?

Yes       No

Please provide program contact information

School Address:

Program Registration Contact Name:

Telephone:

Email:

Do you consent to the Education Department contacting the program representative listed in this application if clarification is needed regarding adherence to student responsibilities outlined in the policy?

Yes       No

Please confirm that you have researched comparable programs and selected the most suitable option that aligns with your career goals.

I confirm I have researched comparable programs and selected the most suitable option.

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If there are comparable programs at schools other than the one you are applying to (for example, if you are applying to a private institution and there is a similar program available at a public institution, or if you are applying to school away from home and there is a similar program available in your local area), please provide details in the space below as to why you believe the program you have selected is the best choice for your education and career goals.

Please describe some of your career goals and how completing this program will help you achieve them (optional)

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## Section D - Funding Request\*

Please check which funding amounts you are applying for from TFN

Annual Amounts:

- Tuition Fees
- Books
- Basic Materials & Supplies
- Computer Repairs
- Special Equipment
- Parking Permits
- Travel Support\*
- Personal Computer Allowance\*\*\*\*

Maximum Monthly Living Allowance Categories:

- Single
- With working spouse working
- With dependent spouse
- Single parent with one dependent
- Additional dependents
- Part-time student top-up
- Commuter allowance\*\*\*

*Please note that TFN will calculate the exact amount you are entitled to.*

*\* Full-time students who attend school away from their home community are eligible for travel support to assist with costs associated with traveling to and from school. TFN will reimburse actual travel costs, up to a maximum amount outlined in policy. Part-time students are not eligible for travel support.*

*\*\*Full-time students who are employed **up to 90 hours** per month are eligible for the maximum monthly living allowance. Full-time students who work **more than 90 hours** per month are eligible for a living allowance according to the following formula: applicable living allowance minus 30% of gross monthly income. If they have more than one dependent, they are also eligible for the supplement for each dependent. Part-time students are only eligible for a top-up.*

*\*\*\* As Translink fees are subject to change, TFN will cover the monthly rate as it stands as of that year.*

*\*\*\*\*Personal Computers are funded up to a maximum amount outlined in policy, **once every three years.***

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## Section E - Income\*

Full-time students who work **more than 90 hours per month** are eligible for a living allowance according to the formula set out in policy.

Are you currently employed?

Yes  No

Are you currently receiving Social Assistance?

Yes  No

Current Employer

Supervisor Name

Phone Number

Will you be working more than 90 hours per month while in school?

Yes  No

Hours/week

Hourly rate

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## Section F - Dependants\*

What is your spouse's employment status?

Employed Full Time

Employed Part Time

Unemployed - no assistance

Unemployed - receiving assistance

Other:

If your spouse is receiving assistance (e.g. Income Assistance, E.I., Disability Benefits, WCB, Pension, etc.) please list what type of assistance and the monthly amount they receive:

Please list your dependent children under 18 years of age who live with you, including name and date of birth. DO NOT include foster children or children who do not live with you.

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

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## Section G - Code of Conduct and Declaration\*

Applicants are expected to abide by the following Code of Conduct in order to maintain their funding:

I will attend classes regularly.

I will consult with appropriate counsellors if any problems arise academically, emotionally, physically or financially.

I accept and will meet the standards for academic success of the institution to which I have been accepted.

I accept and will meet the standards outlined in the TFN Post Secondary Education Policy.

I will provide official transcripts when requested by TFN.

I will manage to the best of my ability any education assistance funds provided by TFN.

I will follow through with the intent of this application.

I will provide monthly updates via email to the Education Department about the status of my enrolment, course load, and any issues that may arise related to my education.

I certify that I have read the Post Secondary Education Policy, and I agree to abide by the Code of Conduct

I declare that the information I have provided is true and complete to the best of my knowledge. In the event, that my application is approved, I understand that providing false or misleading information on this application may result in the termination of funding.

Signature

Date signed

*The information in this form is collected under the authority of section 15(c) of the Tsawwassen Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to facilitate matching Employment Program participants with potential employment opportunities and will not be otherwise used or disclosed except in accordance with FIPPA. If you have any questions or concerns about the collection and use of this information, please contact Tsawwassen First Nation at (604) 861-9404.*