**Intent Application**

**Post-Secondary Education Funding**

*The information provided on this document is intended for administering and resourcing post-secondary student financial assistance only. Personal information will be held confidential and will be protected.*

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| Please accept this application as notice that I intend to apply for post-secondary education. | | |
| 1. **TYPE OF APPLICATION:** | | |
| Choose application type: | Choose an item. | |
| Sponsorship for academic year: | Choose an item. To Choose an item. | |
| My goal is to study: | Click or tap here to enter text. | |
| My goal is to earn a degree from: | Click or tap here to enter text. | |
| Currently applying to (for acceptance): | Click or tap here to enter text. | |
| Program Name: | Click or tap here to enter text. | |
| Program Term (start date): | Click or tap to enter a date. | |
| Attach Program Plan (\*required) | Program plan electronically attached  Click the icon below to upload program plan: | |
| 1. **APPLICANT INFORMATION:** | | |
| First Name: Click or tap here to enter text. | | Last Name: Click or tap here to enter text. |
| Band Name: Click or tap here to enter text. | | Status#: Click or tap here to enter text. |
| Address: Click or tap here to enter text. | | |
| Town/City: Click or tap here to enter text. | | Postal Code: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | | Phone#: Click or tap here to enter text. |
| 1. **Please return the completed application form by July 20th for the Fall Term to contact info:** | | |
| **E**ducation Director, [educationdirector@sxfn.ca](mailto:educationdirector@sxfn.ca)  Stswecemc Xgetem First Nation  General Delivery  Dog Creek, BC V0L 1J0 | | |
| 1. **Please note that the return of this completed form is Step 1 of your application process.** | | |
| \*If this Intent to Apply form is submitted late or incomplete, it may not be considered and there is no guarantee that you will receive funding. | | |