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**Klahoose First Nation Education Department**

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| **Student Information** |
| **First Name** | **Middle Name** | **Last (Surname)** |
|  |  |  |
| **Address:****Street number & Street Name** | **Town, Province, Postal Code** |
|  |  |
| **Phone #** |  | **Message #** |  |
| **Email Address** |  | **S.I.N #** |  |
| **Date of Birth** |  | **Band Number** |  |
| **Marital Status** | **M** | **C/L** | **S** | **X** | **Spouse’s Name** |  |
| **Highest grade completed** |  | **Year of Completion** |  |
| **List of Dependants Names and Birthdates (not including spouse)** |
| **First Name** | **Last Name** | **Birthdate (MM/DD/YYYY)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Have you been previously funded by Klahoose First Nation?** | **Yes**  | **Please complete form information below** |
| **No** |
| **Institute Returning to:** | **Year of Program Entering into** |
|  |  |
| **Post-Secondary Institute Attended** | **Program(s)/ Courses(s)** | **# of Semesters** |
|  |  |  |
|  |  |  |
| **Do you owe funds for previous incomplete program(s)/ courses(s)?** | **Yes**  | **Please complete form information below** |
| **No** |
| **Do you have a current repayment plan on file with Finance?** | **Yes** |
| **No** | **Please contact finance to arrange a repayment plan** |