**Icon

Description automatically generated**

**Klahoose First Nation Education Department**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | |