Kátł'odeeche First Nation

Post-Secondary Student Scholarship Program (PSSSP)2026/2027

Submission Requirements:

Please make sure you have all the following documents that apply to you attached to your application

Mandatory Supporting Documents:	Attached:
➢ Copy of Indian Status Card	
➢ List of all dependents residing with you, copy of Birth Certificate	
➢ Letter of Acceptance into the course/school you are attending for September 2025 and or; January 2026	
➢ Letter outlying tuition, fees, books and supplies from course/ school	
➢ Program description you are enrolling in	
➢ Funding denial letter from territorial, provincial or federal funding program	
➢ 60% or C+ or above grade average for their most recent semester and most recent academic transcripts	
➢ 500-word essay (double-spaced, 12pt font) describing how their choice of education and career objectives could help improve Kátł'odeeche First Nation in the future	

Application:

Personal Information:

First Name: _____

Last Name: _____

Phone Number: ( )_____

Date of Birth: _____

Email Address: _____

Home Address: _____

Martial Status: ____Single ____Common Law ____Married ___Divorced ___Widowed

Employment Status: ____Employed ___Unemployed ___School ____EI ____Disability

Employment Type: ____Full-Time ___Part-Time ___Casual ____Seasonal

Dependent Information:

Full Legal Name:	Date of Birth:	Relationship:

Proposed Education/Training:

Institution: _____ Location: _____

Program/Course: _____

Start Date: _____ End Date:_____

Year _____ of a _____Program

____Full-Time ____ Part-Time ____Short Course ____Online/Distance

____Licence ____Certificate ____Diploma ____Degree ____Other ( )

Expenses:

Budget:	Actual Cost:	Total:
Tuition and other student fees		
Books and parking pass		
School supplies		
Initial professional certification and examination fees		
Official transcript fees		
Application fees/ Administrative fees		
Expenses associated with travel to home community		
Supplemental tutorial, guidance, and counseling service		
Childcare, as needed		
Monthly Living expenses (Rent/Utilities/Food/Transportation)		
Other Expenses:		
Total Cost of Expenses:		

PLEASE READ AND THEN SIGN THE CONSENT CLAUSE, DECLARATION AND REALEAE INFORMATION

1. In connection with my application for Kátł'odeeche First Nation Post-Secondary Student Scholarship Program (PSSSP), I hereby authorize KFN to request information regarding my academic progress and to request written documentation from the educational institute including official transcripts.
2. I hereby apply to the PSSSP and declare and acknowledge that the information contained in this application is complete and true in every respect. False statements may result in the termination of Scholarship Program and the recovery of benefits already paid. If I am suspended or do not complete my program, I will be required to reimburse KFN the full amount of the scholarship.

I have read and will abide by the above agreement.

_____ _____

Signature of Applicant Date