

Shackan Application for Education Assistance

PO Box 1360

2099 Granite Avenue

Merritt, BC V1K 1M9

Phone: 250-378-5410

Fax: 250-378-5219

www.shackan.ca



New Student: yes ___ no ___ Band Registry Number: _____

Application date: ___ / ___ / ___ Birthdate: ___ / ___ / ___ reside on reserve: _____
Y M D Y M D reside off reserve: _____

Name: _____

Address: _____

Postal Code: _____

Male ___ Female ___ Dependants ___ SIN# _____

“EDUCATION PLAN”

Attendance

Full time: ___ Part time: ___

Type of Program

B.A. ___ M.A. ___ PHD: ___

Training dates from: ___ / ___ / ___ to ___ / ___ / ___
Y M D Y M D

Acceptance for school

Final: ___ continued: ___ conditional: ___

I have been accepted into (name of college or university) _____

Name of program or course: _____

I am currently in my ___ year of this program.

Date of graduation: _____

I shall be taking these courses as follows:

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

“PREVIOUS EDUCATION”

School	Location	Certificate/Degree/Transcripts