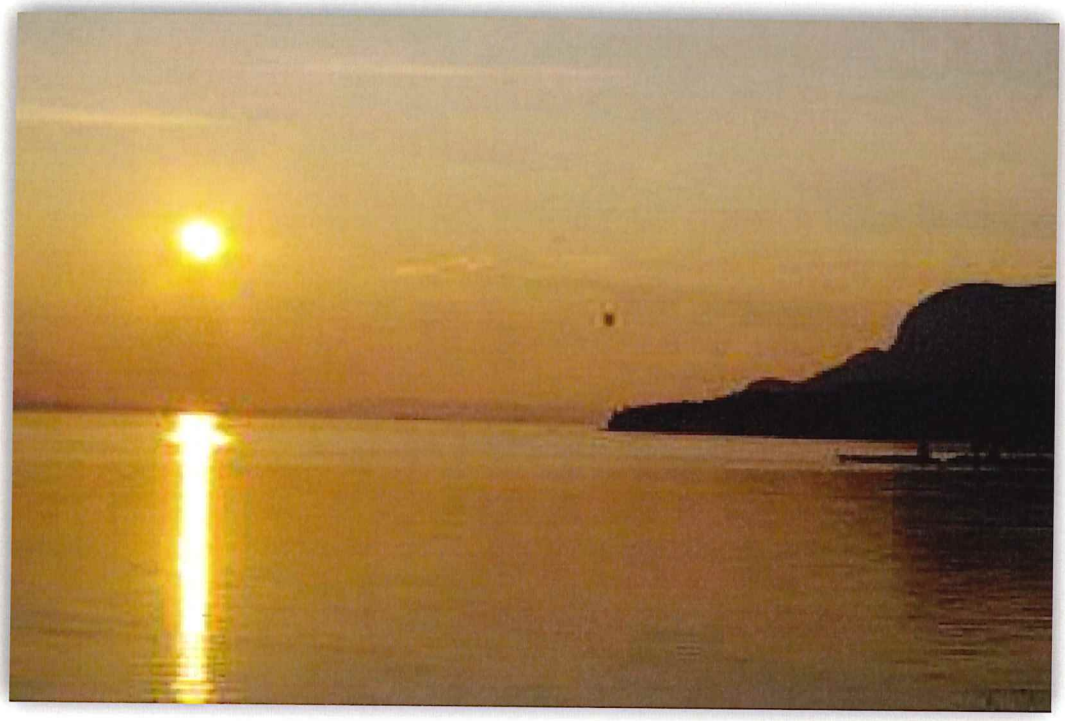
Nak'azdli Whut'en

Post-Secondary Funding Application

2022

"We Challenge the Future"



Nak'azdli Whut'en
Education Department
P.O. Box 1329, Fort St. James, B.C. V0J1P0
Telephone: 250-996-7171
Fax: 250-996-8010

Student Check List

In order for us to process your request for sponsorship, the following documentation needs to be provided:

_____, **Application**

_____, **Student Contract**

_____, **Release of Information**

_____, **Letter of Intent**

_____, **Letter of Acceptance**

_____, **Copy of Status Card**

_____, **Third Party Release**

_____. Direct Deposit Slip

_____, **High School Transcripts**

_____, Copy of Course Outline

_____, Information of Institute

_____, Quotes (where asking for tools)

_____, **Previous Sponsorship Information**

_____, **Results of Previous Sponsorship**

_____, **Resume**

Letter of Intent: Your letter will outline what course you are taking, start and end date, what you are hoping to achieve by taking that program, your family relations, what funding you are applying for (be specific, find on page 6)

Please Note: That to be accepted for funding you must be in full-time attendance at an approved and/ or accredited post-secondary institute or online.

We do recognize that some information n may not be available for you at the time of application, the **highlighted** fields must be complete before we will be able to process your application. The missing information can be provided after the decision has been made.

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Student Waiver

I,_____, Student Number:_____,
give permission to, _____, Post-Secondary Institute to release information to my Post-Secondary Sponsor; Nak'azdli Whut'en Education Department; to determine my eligibility for continued sponsorship funding.

The above information would include but not limited to my attendance, marks, program information, start and end date, and other information that is relevant to my funding. This permission is in place for the duration of any program I am being sponsored for, plus three months beyond the end date.

_____
Signature

_____
Date

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Student Agreement Nak'azdli Whut'en

I,_____,understand that in accepting the sponsorship of the Education Department that I am responsible for ensuring that I understand the funding guidelines, including my responsibilities to continue to be eligible for funding. This document is a highlight of some key policies that I need to familiarize myself with.

a. I will be an active part of my education, which means I will attend regularly, keep up with my studies and put my best effort forward to ensure that I am successful. _____.*Initial*
b. That it is my responsibility to keep in touch with the Education Department and Post-Secondary Institute to make sure that all of my paperwork for sponsorship has been received. Including the information needing to ensure that my classes are confirmed upfront.
_____. *Initial*
c. It is my responsibility to ensure that I speak to an academic advisor when I am having difficulty choosing my career path or with a specific topic. _____.*Initial*
d. It is my responsibility to inform the Education Department of any changes to my living situation which may result in a change to living allowance, including change to marital status, this does include common-law relationships.
._____*Initial*
e. I will notify the Education Department when and if I am experiencing difficulties which may require me needing additional supports, prior to it becoming an issue. _____.*Initial*
f. I will send a copy of my transcripts **at the end of each semester** to ensure that my funding is not withheld, failing to provide this information will result in my funding being held back, which includes **tuition and living allowance.**
._____*Initial*
g. After the initial application for multi-year funding has been submitted, a completed application package will be submitted prior to the **beginning of each school year** that I will be in attendance. _____.*Initial*
h. I will provide the Education Department will my current phone number, email address, and mailing address if it changes during the course of my sponsorship. _____.*Initial*
i. I understand that my sponsorship is for **two semesters a year** unless I am attending an accelerated program that requires me to attend during the months of May-August (intersession). _____. *Initial*
j. if I am in an accelerated program it is my responsibility to inform the Education Department of this to ensure that my living allowance is not interrupted. _____.*Initial*
k. Intersessions are not part of my funding agreement unless section g. applies and I understand I must apply separately prior to my enrolling. _____. *Initial*
l. Intersession is not budgeted for, and therefore will only be approved when the following situations apply:
    1. There are uncommitted funds available to pay
    2. You have a legitimate reason for taking the intersession and can demonstrate how it directly related to the course you are currently in
    3. You have prior approval from the Education Department _____. *Initial*
m. I understand that failing a semester will place me on academic probation and failing two semesters will result in my funding being withdrawn. _____. *Initial*
n. I will only be reimbursed for the expenses that are directly related to my education. This does not include ink for printers etc. those are at my own expense. _____. *Initial*
o. Funding ends the month that I complete my approved program. _____. *Initial*
p. Withdrawing without prior approval and at the expense of the band will result in me having to pay for one semester on my own before I can reapply for funding. _____.*Initial*
q. Nak'azdli Whut'en has a zero tolerance for lateral violence. _____. *Initial*

_____ _____

Signature of Student *Date*

Nak'azdli Whut'en Education

Post-Secondary Education Funding Application

Student Information

Legal Name: _____ Birth Date: _____
First Name *Last Name* *Month Day Year*

Address: _____
Physical and Mailing Address (If different) *Apartment/Unit #*

_____
Town/City *Province* *Postal Code*

Phone No.: _____ Email: _____

Status Number: _____ Social Insurance No.: _____

Emergency Contact: _____
Contact First Name *Contact Last Name* *Contact Phone Number*

Male ☐ Female ☐ Non-Binary ☐ Other ☐ Self Describe/Identify _____.

Marital Status: Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed ☐ Other _____.

Dependent's (*Children under 18 living with you*)

Full Name	**Date of Birth** (Month/ Day/ Year)	**Age**

0 *The above information must be kept up to date at all times. Contact Education to inform of changes* ***Initial**_____

Are you currently employed? YES ☐ NO ☐ Employer/Company : _____

What will be your work status while attending school or training? Full-time ☐ Part-Time ☐ Leave w/o Pay ☐ Unemployed ☐

Are you in receipt to any of the following?
Self-Employment ☐ Employment Earnings ☐
CPP Disability ☐ Employment Insurance ☐
Social Assistance ☐ AYA Program ☐

How will attending school or training course affect your income? No income ☐ Partial Income ☐ No Change ☐

Have you ever belonged to another band? YES ☐ NO ☐ If yes, did you access funding from this band? YES ☐ NO ☐

What is the name of the previous band? _____ What is your highest level of education? _____

Did you graduate with a Dogwood Diploma? YES ☐ NO ☐ What year did you graduate? _____

Have you accessed Aboriginal Support and/or Career Counselor at the Institute? YES ☐ NO ☐ IN PROCESS ☐

If no, please state why: _____

Program Information

College/ University Information:

Institute: _____ Student No.: _____

Address: _____ Postal Code: _____
Physical Address *City* *Province*

Phone #: _____ Fax #: _____
Ext./ Local #

Contact: _____ Email: _____
Contact Name Contact Number

Program Information:

Program: _____ Practicum/ Clinic Hours? YES ☐ NO ☐ Co-op Hours? YES ☐ NO ☐

Start Date: _____ Program Completion Date: _____
Month *Day* *Year* *Month* *Day* *Year*

Total Years: _____ YEARS Registered/ Accepted? YES ☐ NO ☐ IN PROGRESS ☐

Type of Program: Upgrading ☐ Pre-Employment ☐ Trades ☐ College Prep ☐
Certificate ☐ Diploma ☐ Bachelors ☐ Masters ☐
PHD ☐ Other: _____

Is Intersession (Spring/ Summer) semester necessary for your studies? YES ☐ NO ☐

What will be your student status while attending? Full-Time ☐ Part-Time ☐

If you are considering dropping a course it must be discussed and have prior approval with Education. *Initial_____

Previous Sponsorship *(If applicable)*

		YEAR		
Program Name: _____	Year(s) Attended: _____	Did you complete?	YES ☐	NO ☐
Program Name: _____	Year(s) Attended: _____	Did you complete?	YES ☐	NO ☐
Program Name: _____	Year(s) Attended: _____	Did you complete?	YES ☐	NO ☐

Sponsorship Service Request

Please check off all sponsorship services you wish to receive during your studies.

Living Allowance	☐	Tuition	☐	Textbook & Supplies	☐
Specialized Gear (PPE)	☐	Tools (Required only)	☐	Uniforms (x2)	☐
Test Fees	☐	Travel from home community (2x a year only)	☐	Reimbursement for Registration Fee (2x Only)	☐
Bus Pass	☐	Parking Pass	☐	Other: _____	

Disclaimer and IRA Approval

I declare that the information on this form is a true and accurate reflection of my current circumstances. I understand that being untruthful can result in my funding being cancelled and/or require repayment. This information will be verified with Nak'azdli Whut'en Indian Registration Administrator (IRA) and added to Nak'azdli Whut'en membership list.

Signature: _____ Date: _____
Month Day Year

OFFICE USE ONLY

Application: APPROVED ☐ DENIED ☐ From: _____ To: _____

Requested Coverage: ALL COVERED ☐ MOST COVERED ☐

If expense is not covered, specify: _____

Total # of months living allowance: From: _____ To: _____

Tuition Semesters Allotted:

Fall (Sept-Dec)	Winter (Jan-April)	Spring (May-June)	Summer (July-Aug)
☐	☐	☐	☐

Books & Supplies per year:

Books	Supplies	Travel needed during studies?	YES	NO
☐	☐		☐	☐

Approved by: Loretta Moise *Education Manager*	Signature:	Date: