




APPLICATION CHECK LIST

- Completed and signed application form.
- Photocopy (front and back) of a recent status card (new applicants only).
- Letter of acceptance/course registration form/or expected date of notification of acceptance.
- Official transcripts from all schools attended (or state if your NStQ Band already has your transcripts on file).
- Letter of Intent that details your academic plan (new applicants only). Please see the sample provided in Appendix B. Please check with your NStQ Band for submission deadlines for Letters of Intent as these deadlines vary among NStQ Bands.
- List of all program fees (include tuition, books, supplies, and specialized fees and clothing if these are required by your program).
- Your NStQ Band may require a "Terms and Conditions Agreement". Please check with your Band to see if you must include this agreement with your application package.
- A copy of your Child Tax Benefit Entitlement if you are claiming dependent children.
- Your NStQ Band may require a signed authorization letter for the Band to access your grades from your post-secondary institution while you are receiving NStQ Band funding. Please check with your Band for details.

 Your résumé (Masters and PhD students only).

Insert Student's Address
Goes Here

Insert Enter Date Here

Education Department
Stswecer̓nc Xga̓ttem First Nation
General Delivery
Dog Creek, BC
V0L 1J0

Ladies or gentlemen:

Intent to Apply for Post-Secondary Education Funding

I would like to provide you with notice that I would like to apply for post-secondary education funding for the 2015/2016 academic year.

My goal is to become a social worker and to earn a degree from Thompson Rivers University.

I am in the process of applying to [insert name of institution](#) for acceptance into the program for the Fall [enter year](#). I completed my Grade 12 and believe that I will be accepted into the Social Work Program.

I am attaching my academic plan to this letter and would like to schedule an appointment with you to discuss my application for funding support for the [year/year](#) academic year.

Sincerely,

Sign your name here

Type your name here

Enclosure: Academic Plan

Academic Plan

This form is designed as a tool to help you create an academic plan to complete a certificate, diploma, or degree program. The student has one year to complete a certificate program, 2 years to complete a diploma program, and up to 40 month to complete a degree program.

Are you planning to complete your studies within the above time frame? Yes _____ No _____

If you answered no to the previous question, how will your planned schedule of completion vary from the allowable time allotment?


Please describe the steps you have taken to plan for your education and career. For example, what research have you done to plan for post-secondary education studies? How did you choose the post-secondary institution?

Please list the prerequisites required to enter the program. Do you have the prerequisites to enter the program?

What are the job opportunities like once you have obtained your credential?

Please list below all required courses to complete your program of studies

Year 1 Fall Term Courses	Year 2 Fall Term Courses	Year 3 Fall Term Courses	Year 4 Fall Term Courses
Year 2 Spring Term Courses	Year 2 Spring Term Courses	Year 3 Spring Term Courses	Year 4 Spring Term Courses

Application Information			
			
Name:			
Date of Birth:		SIN:	Status #:
Mailing Address:			
City:		Prov:	Postal Code:
Email Address:		Cell #:	PH:
Personal Information			
<input type="checkbox"/> Single		<input type="checkbox"/> Married/Common-Law.....	Spouse's Name:
		Dependent(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse is Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seasonal		Number of Dependents:	
Dependent(s) Full Names		Ages	Date of Birth
1)			
2)			
3)			
4)			
Education Program			
Occupation/ Career Goal:			
Name of Program:		Program Type: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters/PhD	
How Many Years to Complete	Start Date(First Year)	Completion Date (Last Year)	
Post-Secondary Institute:		Department:	
Address:		Prov:	Postal Code:
Academic Advisor/Counselor Name:		Phone:	
Education/Training History			
Education/Training Program(s)	Year	Completed	Sponsored
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Circumstances for not completing ANY Education/Training Program(s)			
1)			
2)			
3)			
4)			
Student Residency Declaration			
I, _____, certify that I have been a resident of Canada for the last 12 consecutive months prior to this date.			
Signature of Applicant:		Date:	
Student Declaration			
I hereby apply for educational sponsorship under the post-secondary assistance program for the period indicated. I declare that the information contained in this application for sponsorship is accurate to the best of my knowledge. I understand that the falsification and misrepresentation of information, or the failure to abide by the terms of sponsorship may result in the discontinuation of sponsorship and/or refusal for future financial assistance.			



I also understand that should I receive financial assistance under false pretense, I will be liable for the repayment of such funds. I agree to provide proof of registration at the beginning of each term and to report any changes in program status immediately.

Signature of Applicant:

Date.

Stswecem'c Xgat'tem First Nation

Learning Contract

I, [student name](#), have developed this Learning Contract to help me achieve my goals in completing [Type Name of Degree, Diploma, Certificate, or University and College Entrance Program](#).

The terms of this Learning Contract are set out below.

A. I have been experiencing challenges in the following areas:

[List challenges here.](#)

B. In order to overcome these challenges, I agree to do the following:

[\(These are the terms of the contract. List what you agree to do.\)](#)

C. I will provide [Type Name of the Education Department Staff here](#) with regular updates on my progress as follows:

[Enter date of progress reports that you will submit to the education department and identify if you will provide a written or verbal report.](#)

I agree to follow the terms listed in this Learning Contract. I understand that I have the sole responsibility in achieving the plan set out above. I am responsible for providing my progress reports to the Education Department Staff listed below. I also understand that my funding may be terminated should I not meet any of the terms of this contract.

Signed: [Student Signs here](#) _____

Date: [Enter date here](#) _____

Signed: [Education Department Staff Sign here](#)

Date: [Enter date here](#)

Enter date

Enter name of post-secondary institution

Enter address of post-secondary institution



STUDENT WAIVER

To Provide Information to Student Funder

I, [enter student's name](#) do hereby authorize Stsweceḿc Xgattem First Nation Education Department, to inquire about all aspects of my post-secondary education and application. This waiver will be in effect from **April enter year** to **June enter year**. Please provide Stsweceḿc Xgattem First Nation with the information they request.

Student Signature: _____ Date: _____

Please send the required information to:

Darlene Louie, Education Manager
 Stswecem̓c Xgattem First Nation
 General Delivery, Dog Creek, BC V0L 1J0
 PH: 250-459-2276
 Fax: 250-459-2279
 Email: educ.mang@yahoo.ca

POST-SECONDARY EDUCATION FUNDING PROGRAM

STUDENT SURVEY

Please take a moment to fill out the following survey by placing a check mark in the box that best represents your answer. Your survey is anonymous and will be used to help make improvements to the Post-secondary Education Funding Program.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My overall experience with the Funding Support Program was good.					
Basic Living Expenses					
I received enough funding to pay my rent.					
I received enough funding to pay for my food.					
I received enough funding to pay for my transportation.					
Education Expenses					
I received enough funding to pay my tuition.					
I received enough funding to pay for textbooks					
I received enough funding to pay for my supplies.					
Education Program Staff					
The staff were knowledgeable about the funding program					
The staff explained the program well					
The staff were positive in working with me					
The staff were available to solve problems					
The staff ensured that I received my funds in a timely way					
The staff provided good support to me					
The staff kept my information confidential					
The Application Process					

The Funding Support Program procedures Manual provided good information about the program.					
The application process was easy to follow					
The application process was a fair process					
The application forms were easy to understand					
Overall experience					
The Funding Support Program helped me achieve my educational goals.					
I had good support from the Funding Support Program					
Additional Comments:					