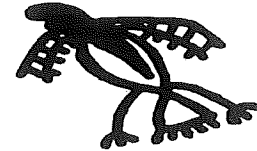


Neskonlith Indian Band

Box 318, Chase, BC V0E 1M0
Phone (250) 679-3295 Fax (250) 679-5306
www.neskonlith.org



POST SECONDARY APPLICATION FORM 2018-2019

STUDENT NAME: _____ DATE RECEIVED: _____

TO: NESKONLITH BAND MEMBER APPLICANTS
FROM: Neskonlith Education Department
Email: tammythomas@neskonlith.net
Phone: (250) 679-3295 (ext 220) Fax: (250) 679-2968 Toll Free: 1-800-817-1311

All New Post-Secondary Application forms must be submitted to the Education Department No Later than April 30th. Late applications will be placed on a waiting list and processed only if there is funding available. Our budget is very limited and we cannot fund every student that applies, therefore, it is to your advantage to submit your completed application form as soon as possible. This application is **NOT** considered approval of your Post-Secondary Funding.

REQUIRED DOCUMENTS

CHECK LIST

ALL THE FOLLOWING DOCUMENTS MUST BE COMPLETED BEFORE SUBMISSION

In compliance with the Post-Secondary INAC Policy Manual

- Fully completed Neskonlith Post-Secondary Application Form {Incomplete applications will not be processed}
- 5 Year Student Learning Plan.
- Letter of Acceptance: Registration confirmation from Academic Counsellor
- Course Outline and Tuition Fees
- Most Recent Transcripts
- Proof of Status
- VOID Cheque

VERY IMPORTANT INSTITUTE REQUIREMENTS

Post-Secondary Eligibility Degree Programs

All Neskonlith Band Members applying for Post-Secondary funding must ensure that the institute of choice meets the following criteria:

- i. A minimum of one academic year in length, as defined by the institution
- ii. Require a high-school completion (grade 12) for enrollment
- iii. The Institute of choice must be a registered accredited program such as, TRU, OUC, UBC, NVIT etc.

A. PERSONAL INFORMATION

First		Last		Initial	
Address		Town/City		PC	
Home#		Cell#		Wk#	
Birthdate		S.I.N#		Status#	
Email					

PERSONAL STATUS: (PLEASE CHECK ONE)

Single Person: _____ Single Parent: _____

Require Full-Time Funding (includes tuition, books & living allowance): Yes: _____ No: _____

Require Part-Time Funding (tuition & books only): Yes: _____ No: _____

List of Dependents:

NAME	AGE	BIRTHDATE	STATUS NUMBER

(Please use back if necessary)

Bank Acct. #: _____ Transit #: _____ Location of Bank: _____

{Attach Copy of a VOID Cheque} (Full Time Students ONLY)

A. EDUCATION HISTORY

List Your Previous Education History (must be completed in full)

Name of Institute	Location	Programs	Certification, Diplomas, Or Degrees Received	Sponsored By:

Finance Dept ONLY - Confirmation of any Debt to the Neskonlith Band:

Any money owing to the Neskonlith Band? Yes: _____ No: _____

If Yes, is there any repayment agreement: Yes: _____ No: _____

****Finance Director Authorization:** _____

(Please note: if there is not repayment agreement signed, the application will not be processed)

C. PROGRAM/COURSE INFORMATION {CURRENT}

Program Title: _____

Name of the Institute Accepted (complete spelling)

Address & Postal Code

Advisor Name at Institute: _____

Registrar Phone: _____ Fax Number: _____ Email _____

Bookstore Phone Number _____ Fax Number: _____

Duration of the Program for this School Year Only

Start Date: _____

End Date: _____

What will you receive (Please check one):

BA: _____ Diploma: _____ Certificate: _____ UCEP Dogwood: _____

Does the institute require Grade 12 (only if not UCEP) Yes _____ No _____

Is the Institute of choice equivalent to one academic school year? Yes _____ No _____

(The Institute can provide a letter to this affect)

Course Selection: (1st Semester) **MUST BE COMPLETED & ACCURATE**

Minimum of 12 credits

COURSE	CREDITS	TUITION COSTS	Book Cost

Total Tuition Amount Requesting: _____

Course Selection (2nd Semester)

MUST BE COMPLETED AND ACCURATE

Minimum of 12 credits

COURSE	CREDITS	TUITION COSTS	Book Cost

Total Tuition Amount Requesting: _____

STUDENT CONTRACT

APPENDIX 1

Student Agreement

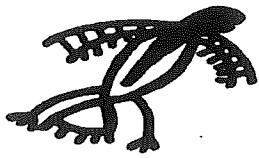
I, _____ do hereby agree to the following terms and met the conditions prior to applying for Financial Assistance for Post-Secondary Education from the Neskonlith Indian Band and I am still following my Education Plan.

1. I have taken the necessary steps prior to applying for funding. {Searched for Bursaries and other funding sources.}
2. I understand that I am to attend classes on a regular basis, **Satisfy all course requirements, Pass all courses and Maintain passing grade point average.**
3. I understand that subject to the discretion of the Neskonlith Indian Band Education Department, I will be denied further Post-Secondary Education Financial Assistance when I do not meet and maintain the requirements.
4. I understand that I am to submit all Official Transcripts to the Neskonlith Education Coordinator, after each semester, Failure to do so will result in my payment for the Living Allowance, Tuition and Books.
5. I understand, in the event that I receive funding under false pretenses'; I agree to repay the full/partial funding from the Neskonlith Indian Band funds includes **"Withdrawing from courses, Dropping out, Failing courses or not completing courses"**.
6. I understand that my application for assistance is subject to the availability of Post-Secondary Education funding from AANDC and may include funding at minimum funding or partial.
7. In the event of funding availability from the Neskonlith Indian Band, the Education Coordinator will make recommendations and file letters of support for alternate funding.
8. I agree with the eligibility for Post-Secondary Education financial assistance program criteria as outlined.
9. That all enquiries or requests outside the approved sponsorship shall be done in writing
10. That the Financial inquiries are directed to the Education Coordinator Only through: Email, Fax or Telephone call.

Please ensure you have read this contract over carefully

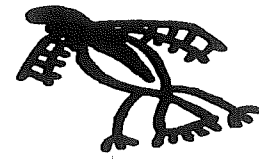
(Applicant's Signature)

(Date)



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Parent Contract

(APPENDIX 2)

Please be advised that any band member applying for Post-Secondary Funding and has been approved must abide by the terms and conditions of the student contract. Failure to do so will result in repayment to the Neskonlith Band the **Tuition, Books and Living Allowance**. Therefore, the Neskonlith Education Department would like to ensure that Parents/Guardians are aware of the **Student Contract** and what is entailed to receive the funding.

By signing the Parent Contract for applicants 21 years of age and younger you are agreeing to the following:

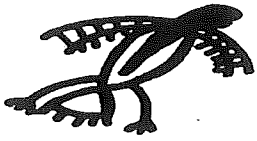
Terms and Conditions:

1. I, the Legal Guardian/ Parents of the applicant have read the Neskonlith Indian Band Post-Secondary Policy and Application with my child.
2. I, the Legal Guardian/ Parents of the applicant agree to the terms the Student Contract signed by my child from the Post-Secondary Application.
3. I, the Legal Guardian/Parents of the applicant are aware that my child will be responsible for paying back the Neskonlith Band if failure to meet the terms and conditions of the student contract.
4. Failure to sign this contract could result in your child's application to be denied.

Please ensure you have read this contract over carefully

Parent/Guardian Signature

Date



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WAIVER FORM

I, _____
 NAME STATUS NUMBER

 S.I.N. NUMBER STUDENT NUMBER

Hereby Authorize:

Institute Name	
Advisor Name	
Address	
Telephone & Fax #	Fax #:
Email	

To Release the following information:

- Progress Report
- Attendance Report
- Financial & Tuition Statements
- Enrollment Status

To the Neskonlith Band, Education Coordinator

I understand that any and all such information will be held in the strictest confidence by the Neskonlith Band.

(Signature of Applicant)

(Date)

5 Year Student Learning Plan

Student Name: _____
School/College/University Name: _____
Program Title: _____ Current Year of Study: _____

Student Profile

Program: _____

Long Term Education Goal (Education Path to Complete): _____

Credits per academic year (minimum of 12 per semester): _____

Duration to complete your Education Goal (example: 4 courses per semester x how many semesters to complete):

Work Experience or Training in this Field prior to this Application: _____

SHORT TERM GOALS

What do I wish to accomplish this year?

Student Signature: _____ Date: _____

Academic Advisor Signature _____ Date _____