

# Documentation for Post Secondary Funding Applications

All applicants must submit the following documentation;

1. Completed post secondary application package from Ts'kw'aylaxw Education Department;
2. Photocopy of recent status card;
3. Course outlines and approximate fees for program (including text books, field trips, additional supplies required for the program, etc.)
4. Letter of acceptance into program of studies;
5. Transcripts from previous academic semesters, institution, or high school;
6. Detailed letter of intent stating reasons for enrolling in program, what you will do once completed the program, why you want to take the program.

**Applications are due April 30<sup>th</sup>**

Applications received after the deadline will be automatically put at the bottom of the priority list.



## Application for Financial Assistance

Appendix A

Ts'kw'aylaxw Education Department

### Personal

<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>	
<b>Address:</b>		<b>Phone:</b> _____		<b>Band Number:</b>	
		<b>Message:</b> _____		<b>Social Insurance #:</b>	
		<b>Fax:</b> _____			
<b>Date of Birth:</b>			<b>Email Address:</b>		
<b>Marital Status:</b>		<b>Spouse Employed:</b>		<b>Spouse lives with you:</b>	

### Dependents

Dependents Name:	Age:	Relation to you:	Band Number:	Lives with you:

### School Information

<b>Name of Program:</b>		<b>Name and Address of Institute:</b>		
<b>Program Contact:</b>				
<b>Phone:</b>				
<b>Fax:</b>				
<b>Length of Program:</b>		<b>Start Date:</b>		<b>End Date:</b>
<b>Certification: (circle one)</b> Certificate Diploma Degree		<b>Status: (circle one)</b> Full Time Part Time		<b>Requesting assistance with:</b> Living Allowance    yes / no Tuition                yes / no Books                    yes / no
<b>Will you receive any other assistance for the duration of your program? If yes, from whom and how much?</b>				

**Previous Education History**

Have you ever been funded for a post secondary program?    Yes / No <i>(If you answered yes, complete section below)</i>		
Name of Program	Certification Received	Years Sponsored for Program by Ts'kw'aylaxw
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**Residency**

I, _____ certify that I have been resident in Canada for 12 consecutive months prior to this date. <small style="margin-left: 40px;">Your Name</small>	
_____ Signature	_____ Date

I certify that the statements made by me in this application are true. I understand that if any false statements are found, this application will be rejected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Education Financial Assistance Agreement

Appendix B

Ts'kw'aylaxw Education Department

I \_\_\_\_\_ do hereby agree to the following terms and conditions in the event that I receive educational assistance from the pavilion Indian band for post secondary education purposes:

- I understand that I am to attend classes on a regular basis, satisfy all course requirements and meet and maintain an acceptable grade for the academic institution being attended
- I understand that it is my responsibility to inform pavilion band education coordinator if problems arise making it difficult to fulfill the above requirements
- I understand that the pavilion band education coordinator has the right to see progress and attendance reports set forth by the academic institution being attended
- I understand that it is my responsibility to submit official transcripts of my marks to pavilion education coordinator within six weeks of receiving them
- I understand that in the event I receive education funds under false pretenses, I will be liable to repay the full amount or any designated portion of the total amount
- I understand that I will be denied further educational assistance if I do not meet and maintain the requirements set forth by pavilion Indian band
- I understand that I must be enrolled in a minimum of three courses per semester and that I must maintain a grade point average of 2.60
- I understand that if I do not pass courses sponsored by pavilion education department that I will not be sponsored for the same courses again.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_



## Release of Confidential Information

Appendix C

Ts'kw'aylaxw Education Department

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Number \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Message Number (\_\_\_\_\_) \_\_\_\_\_

I \_\_\_\_\_ in consideration of education sponsorship by the pavilion Indian band do hereby authorize the following education institute, being

\_\_\_\_\_

*Institutes Name*

To release to the education department of the pavilion Indian band all information respecting any courses I was enrolled in at the above mentioned institution, including my education transcripts; attendance; and any other information that relates to my performance at the school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Consent to Release Information

Appendix E

Ts'kw'aylaxw Education Department

I \_\_\_\_\_ give Pavilion Indian Band permission to publish my name and any other information regarding post secondary and any other programs I may be taking.

As long as I am sponsored for post secondary by pavilion Indian band they are entitled to publish my name in newsletters or any other public paper.

By signing my name below I agree to the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Probation Criteria for Sponsorship

Appendix F

Ts'kw'aylaxw Education Department

1. Student will attend classes on a regular basis.
2. Instructors must sign weekly attendance records of attendance. These records must be received by education coordinator one day prior to the issue of the next living allowance cheque.
3. Student will pass all components of the program by the institute's standards.
4. Student will keep Pavilion education coordinator informed of any problems that may arise, and alter this agreement. Failure to do so may be interpreted as non-compliant with this agreement.

Failure to abide by these criteria may result in termination of all approved funding by Pavilion Indian Band post secondary funding.

I \_\_\_\_\_ agree to the above stated criteria for my funding and understand fully if I do not comply with these criteria that my funding may result in termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date