



#11 1839 1<sup>st</sup> Ave Prince George, BC V2L 2Y8 Phone 250.564.9321 Fax 250.564.9521

## POST SECONDARY EDUCATION FUNDING APPLICATION FORM

**THE DEADLINE TO APPLY IS MAY 2<sup>nd</sup> 2016 AT 12:00 PM (NOON) FOR THE 2016/2017 ACADEMIC YEAR**

PLEASE INCLUDE THE FOLLOWING MANDATORY DOCUMENTATION WITH YOUR APPLICATION

- A letter to Chief and Council that outlines your educational goals. (**Appendix A**)
  - Indicate program duration (length of time) to complete level of education.
  - Indicate the number of dependents with names and copy of their identification.
  - Indicate required pre-requisite for level of education sought out.
    - Indicate if type pre-requisites
      - For example, upgrading high school courses to meet entry level program requirements
      - For example, post-secondary program that requires a previous degree
        - Need a bachelor's degree to get into a teaching program, master's program or law program etc.
  - Indicate one of four levels of education sought:
    - Level One: community college and CEGEP (general and vocational college) diploma or Certificate programs;
    - Level Two: undergraduate university programs (certificate, diploma, degree);
    - Level Three: Advanced or professional degree programs, or masters; and
    - Level Four: Doctoral programs
  - Indicate how your education will benefit you and/or the nation once you attain your educational goals
- Official Transcripts signed and sealed from all institutions attended and mailed directly to Takla Lake First Nation.
  - **No Photocopies, scanned or emailed copies will be accepted**
  - Official transcripts are not yet ready please indicate the date we can expect to receive them.
  - How to obtain your transcripts from a previous institution
    - Source: BC Ministry of Education

- <http://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates>

- A letter of acceptance from your chosen institution/program (**Appendix B**)
- A copy of your college/university program. (**Appendix C**)
- A copy of your status card (front and back). Must be valid, not expired (**Appendix D**)
- A bank authorization form (**Appendix E**)
- A signed Records Release Form (**Appendix F**)

REQUESTED DOCUMENTS CAN BE ATTACHED TO THE DESIGNATED APPENDIX.

INCOMPLETE APPLICATIONS WILL CAUSE DELAY AND MAY RESULT IN YOUR APPLICATION BEING DENIED

PLEASE NOTE THAT APPLICATIONS WILL NOT BE ACCEPTED AFTER THE DEADLINE HAS PASSED (May 2, 2016). IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED IT MUST BE HANDED IN ON TIME TO ENSURE YOU ARE INCLUDED ON OUR FUNDING APPLICATION FORM TO Aboriginal and Northern Development Canada (AANDC).

**If you have any questions or concerns please feel free to contact me:**

**Dawn George, Education Coordinator/Councillor, Takla Lake First Nation**  
**11-1839 1<sup>st</sup> Ave Prince George BC V2L2Y8**  
**250-564-9231 (work), 250-961-6431 (cell), 250-564-9521 (fax)**  
**Email: [education@taklafn.ca](mailto:education@taklafn.ca)**

**Last Revised: March 4, 2016**



#11 1839 1<sup>st</sup> Ave Prince George, BC V2L 2Y8 Phone 250.564.9321 Fax 250.564.9521

**POST-SECONDARY EDUCATION FUNDING APPLICATION FORM**

<b>DATE:</b>				
<b>APPLICANT INFORMATION</b>				
<b>FIRST NAME:</b>		<b>LAST NAME:</b>		<b>MIDDLE INITIAL:</b>
<b>REGISTRATION NUMBER (STATUS NUMBER):</b>				
<b>DATE OF BIRTH (YYYY/MM/DD):</b>				
Gender: male or female				
<b>PERMANENT ADDRESS:</b>			<b>MAILING ADDRESS (IF DIFFERENT THAN PERMANENT):</b>	
<b>EMAIL ADDRESS: (Required)</b>				
<b>PHONE NUMBER:</b>				
<b>EMERGENCY CONTACT:</b>				
<b>MARITAL STATUS:</b>	SINGLE	COMMON LAW	MARRIED	SEPARATED/DIVORCED
<b>ARE YOU CURRENTLY EMPLOYED?</b>	YES	NO	<b>EMPLOYER:</b>	
<b>IF YES, DO YOU PLAN TO CONTINUE EMPLOYMENT?</b>	YES	NO		
<b>DO YOU HAVE A DISABILITY?</b>	YES	NO		
<b>IF YES, PLEASE EXPLAIN:</b>				
<b>SPOUSES INFORMATION</b>				
<b>FIRST NAME:</b>		<b>LAST NAME:</b>		<b>MIDDLE INITIAL:</b>
<b>EMPLOYED:</b>	YES	NO	<b>IF YES, EMPLOYER:</b>	
<b>INCOME PER YEAR:</b>				
**Please note that there will be a limit set for income in order for a spouse to be considered a dependent or not. The limit will be set by Canada Revenue Agency. Further information may be required.				

<b>DEPENDENT INFORMATION (Children 18 and younger)</b>			
<b>LAST NAME:</b>	<b>GIVEN NAMES:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONSHIP:</b>
1.			
2.			
3.			
4.			
5.			
<b>**Please indicate in your letter to Chief and Council whether you are receiving accommodation (room and board) for any of these dependents; this will be important in calculating your monthly living allowance.</b>			
<b>PREVIOUS ACADEMIC HISTORY</b>			
<b>SECONDARY SCHOOL LAST ATTENDED:</b>			
<b>ADDRESS:</b>			
<b>LEVEL OF ACHIEVEMENT:</b>		<b>DATE RECEIVED:</b>	
<b>PREVIOUS POST-SECONDARY INSTITUTION ATTENDED:</b>			
<b>ADDRESS:</b>			
<b>LEVEL OF ACHIEVEMENT:</b>		<b>DATE RECEIVED:</b>	
<b>PREVIOUS POST-SECONDARY INSTITUTION ATTENDED:</b>			
<b>ADDRESS:</b>			
<b>LEVEL OF ACHIEVEMENT:</b>		<b>DATE RECEIVED:</b>	
<b>HAVE YOU RECEIVED SPONSORSHIP FROM TAKLA LAKE FIRST NATION PREVIOUSLY?    YES    NO</b>			
<b>IF YES, WAS THE SPONSORED PROGRAM COMPLETED?    YES    NO</b>			
<b>*If a previously sponsored program has not been completed please indicate the reasons why in your letter to Chief and Council.</b>			
<b>**PLEASE ENSURE A COPY OF EACH TRANSCRIPT IS ATTACHED TO THIS APPLICATION</b>			
<b>PROGRAM INFORMATION</b>			
<b>POST SECONDARY INSTITUTION:</b>			
<b>ADDRESS:</b>			
<b>PROGRAM NAME:</b>		<b>FULL TIME    OR    PART TIME</b>	
<b>START DATE:</b>		<b>EXPECTED COMPLETION DATE:</b>	
<b>TYPE OF PROGRAM:    DEGREE    DIPLOMA    CERTIFICATE    OTHER:</b>			
<b>YEAR 1 NUMBER OF COURSES:</b>		<b>NUMBER OF CREDITS:</b>	
<b>YEAR 2 NUMBER OF COURSES:</b>		<b>NUMBER OF CREDITS:</b>	
<b>YEAR 3 NUMBER OF COURSES:</b>		<b>NUMBER OF CREDITS:</b>	
<b>YEAR 4 NUMBER OF COURSES:</b>		<b>NUMBER OF CREDITS:</b>	
<b>YEAR 5 NUMBER OF COURSES:</b>		<b>NUMBER OF CREDITS:</b>	
<b>**It is also required that you attach a complete list of all courses you must take and please note that if you happen to fail a course, this is course cannot be funded a second time. This will be included in Appendix C.</b>			

<b>EDUCATIONAL PLAN/COURSE SCHEDULE FOR EACH SEMESTER</b>		
<b>MAY TO AUGUST 2016</b>		
<b>SEPTEMBER TO DECEMBER 2016</b>		
<b>JANUARY TO APRIL 2017</b>		
DO YOU HAVE ADDITIONAL SOURCES OF FUNDING? IF YES PLEASE INDICATE:		
1. SCHOLARSHIPS:	YES	NO
2. BURSARIES:	YES	NO
3. AWARDS:	YES	NO
4. STUDENT LOANS:	YES	NO
HAVE YOU CONSULTED WITH AN ACADEMIC ADVISOR/CAREER COUNSELLOR?	YES	NO
HAVE YOU SPOKEN WITH FINANCIAL AID ABOUT FUNDING?	YES	NO

**DECLARATION OF RESIDENCY**

I \_\_\_\_\_ certify that I have been a resident in Canada for twelve consecutive months prior to this date.

Signature:

Date:

**STUDENT DECLARATION**

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:

**OFFICE USE ONLY**

<b>Eligibility Criteria and Point System:</b>	
Members who are high school graduates with a feasible academic plan	/35 Points
Members who are high school honours graduates with a high GPA	/30 Points
Letter of intent to serve the Nation	/20 Points
Members who can demonstrate a cost-share mechanism	/20 Points
Members who are continuing in a graduate studies program	/15 Points
Members who are enrolled in a post-secondary institution in the Central Interior	/10 Points
Meets strategic studies Selection criteria	/40 Points
Total	
Notes:	

NAME	
DATE OF BIRTH	
IRS # (Status #)	
# of Dependents: 0 1 2 3 4 5 6 (____)	MARITAL STATUS: Single                      Married/Common Law

INSTITUTION	
ADDRESS	
PHONE #	
<b>Circle one:</b> Full Time                      Part Time	
SEMESTER(S) ATTENDING: <b>Circle all that apply</b>	
Spring:    May & June	Fall:        September to December
Summer:   July & August	Winter:    January to April
PROGRAM START DATE                      (YEAR/MONTH/DAY)	
ACADEMIC PROGRAM LENGTH (# Years)	<b>Circle one:</b> 1        2        3        4        5
LEVEL OF EDUCATION SOUGHT:	<b>Circle one:</b>

	UCEP    Certificate    Diploma    Bachelor    Doctorate				
AREA OF STUDY - Category (refer to Job Aid)					
AREA OF STUDY – Sub Category (refer to Job Aid)					
FUNDING INFORMATION:					
COSTS:	Spring	Summer	Fall	Winter	Totals
Living Allowance					
Tuition					
Books					
Materials & Supplies					
Travel					
Incentives					
<b>Total \$</b>					
Please note – Program Administration Cost CANNOT exceed 10%					
PROGRAM ADMINISTRATION \$:					
STUDENT ACHIEVEMENT:					
	Spring	Summer	Fall	Winter	
<b>Circle one for each Semester the student attends:</b>	Graduated <b>DATE:</b>	Graduated <b>DATE:</b>	Graduated <b>DATE:</b>	Graduated <b>DATE:</b>	
	Completed semester with satisfactory academic standing	Completed semester with satisfactory academic standing	Completed semester with satisfactory academic standing	Completed semester with satisfactory academic standing	
	Did not complete semester in good standing	Did not complete semester in good standing	Did not complete semester in good standing	Did not complete semester in good standing	
	Did not complete semester due to exceptional circumstances	Did not complete semester due to exceptional circumstances	Did not complete semester due to exceptional circumstances	Did not complete semester due to exceptional circumstances	
	Dropped-out	Dropped-out	Dropped-out	Dropped-out	
STUDENT'S ACADEMIC YEAR JUST COMPLETED: <b>Circle for each semester the student attends</b>					
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



OFFICE USE ONLY				
APPLICATION RECEIVED:				
REVIEWED BY:				
REQUEST:	APPROVED		DENIED	
TOTAL NUMBER OF MONTHS FOR LIVING ALLOWANCE:				
TRAVEL:	YES	NO	AMOUNT:	
SPONSORED DATE:				
Level:	1	2	3	4
<b>APPLICATION APPROVED BY:</b>				
<b>TITLE:</b>				
<b>SIGNATURE:</b>				
<b>DATE:</b>				

## **APPENDIX**

- A. Letter to Chief and Council**
- B. Letter of Acceptance from your institution**
- C. Copy of Your Chosen Program from the Institutions Calendar**
- D. Copy of Status Card (front and back)**
- E. Bank Authorization Form**
- F. Records Releases Form**

## Appendix A – Letter to Chief and Council

In this section, please include:

- A letter to Chief and Council that outlines your educational goals.
  - Indicate program duration (length of time) to complete level of education.
  - Indicate the number of dependents with names and copy of their identification.
  - Indicate required pre-requisite for level of education sought out.
    - Indicate if type pre-requisites
      - For example, upgrading high school courses to meet entry level program requirements
      - For example, post-secondary program that requires a previous degree
        - Need a bachelor's degree to get into a teaching program, master's program or law program etc.
  - Indicate one of four Levels of education sought:
    - Level One: community college and CEGEP (general and vocational college) diploma or Certificate programs;
    - Level Two: undergraduate university programs (certificate, diploma, degree);
    - Level Three: Advanced or professional degree programs, or masters; and
    - Level Four: Doctoral programs
  - Indicate how your education will benefit you and/or the nation once you attain your educational goals
- Official Transcripts (mailed directly to Takla Lake First Nation)

Please print off your letter separately and attach it to this section before sending in your completed application.

If you have any questions please do not hesitate to contact the Education Coordinator/Councillor for assistance.

## Appendix B – Letter of Acceptance

Please provide a copy of your letter of acceptance from your institution.

## Appendix C - Copy of Your Chosen Program from the Institutions Calendar

- Please visit your institutions website
- Locate their online Calendar or their programs and courses section
- Find your specific program and either screen shot it or copy and paste into this section.

It may be easier to print it off separately and attach it to this section.

You can also bring in a copy of the Calendar and we can photocopy the necessary information.

## Appendix D - Copy of Status Card (front and back)

Please photocopy your status card, front and back and attach it to this section. Please ensure your status card is valid and not expired.

## Appendix E - Bank Authorization Form



#11 1839 1<sup>st</sup> Ave Prince George, BC V2L 2Y8 Phone 250.564.9321 Fax 250.564.9521

### BANK AUTHORIZATION FORM

A sponsored student must maintain a bank account. The monthly living allowance will be direct-deposited into your account each month. Any changes to your bank information must be reported immediately to the Education Coordinator at Takla Lake First Nation.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Number:     \_\_\_/\_\_\_/\_\_\_/\_\_\_

Transit Number (5 digits):     \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_

Account Number (7+ digits):     \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_

Savings           or           Chequing

Please circle one

## Appendix F - Records Releases Form



#11 1839 1<sup>st</sup> Ave Prince George, BC V2L 2Y8 Phone 250.564.9321 Fax 250.564.9521

### RECORDS RELEASE FORM

NAME OF STUDENT: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

INSTITUTION ATTENDING  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACADEMIC YEAR: \_\_\_\_\_

Attention: **Office of the Registrar**

To whom it may concern,

In signing this form, I grant the Takla Lake First Nation Education Department permission to verify my attendance, academic progress, education costs and any other records deemed necessary while I am attending this institution and receiving financial assistance/funding from Takla lake First Nation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_