



TAKLA NATION

HEALTH ■ PROSPERITY ■ TRADITION

POST-SECONDARY STUDENT SUPPORT PROGRAM (PSSSP) AND UNIVERSITY AND COLLEGE ENTRANCE PREPARATION PROGRAM (UCEPP) APPLICATION CHECKLIST

The following checklist itemizes the requirements for a complete application.

Please **INITIAL** each below:

1. Read PSSSP and UCEPP guidelines in the “Takla Nation Adult and Post-Secondary Education Handbook” and related policy and procedures and understand student responsibilities and funding requirements _____
2. Completed Funding Application Form _____
3. Completed all the attachments mentioned in the Appendix of the Application Form:
 - a. Further Education Plan _____
 - b. Official transcripts from Grade 12 (or equivalent) onwards, including copy of diplomas and certificates achieved _____
 - c. Official letter of acceptance from a public Post-Secondary Institution _____
 - d. Copy of chosen program from the Institution’s calendar _____
 - e. Copy of Status Card (front & back) _____
 - f. Direct deposit authorization form and void cheque or bank authorization _____
 - g. Signed Academic Records Release Form _____
4. Any other documents (example: copy of identification document for dependents, copy of T4 if employed) _____

Name: _____

Signature _____

Date _____



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PSSSP AND UCEPP FUNDING APPLICATION FORM

Only complete funding applications along with supporting documents and a signed checklist, submitted as **ONE COMPLETE PACKAGE**, will be processed.

APPLICANT INFORMATION			
First Name:		Last Name:	
Status Registration Number/Band Number:			
Date of Birth (DD/MM/YYYY):			
Permanent Mailing Address:			
Email Address (Required):			
Phone Number:			
Emergency Contact:			
Marital Status (Please Circle): Single Common Law Married Separated/Divorced			
Are You Currently Employed? (Please circle): Yes No Employer Name:			
If Yes, do you plan to continue employment? (Please circle): Yes No			
If Yes, please explain:			
SPOUSE INFORMATION			

Takla Nation PSSSP and UCEPP Application Checklist and Form

Level of Achievement:	Date Received:
Previous Post- Secondary Institution Attended:	
Address:	
Level of Achievement:	Date Received:
Have you received funding from Takla Nation previously? Yes No	
If yes, was the funded program completed? Yes No	
If a previously funded program has not been completed please indicate the reasons in your further education plan and outline your plans of completing the program. If applying to a different program, please indicate your program completion plan	
PLEASE ENSURE A COPY OF TRANSCRIPT FROM EACH INSTITUTION (GRADE 12 onwards) IS ATTACHED TO THIS APPLICATION	
PROGRAM INFORMATION	
Post- Secondary Institution:	
Address:	
Program Name:	
Academic Program Length (Please circle): 1 2 3 4 5+	
Full Time:	Part Time:
Start Date:	Expected Completion Date:
Type of Program (Please circle): Certificate Diploma Bachelor Masters Doctorate	
Level of Education (Please circle): UCEPP Certificate Diploma Bachelor Masters Doctorate	
Program Cost:	
Academic Year 1 Cost:	

Takla Nation PSSSP and UCEPP Application Checklist and Form

Academic Year 2 Cost:
Academic Year 3 Cost:
Academic Year 4 Cost:
Additional Academic Year Cost:
Total Program Cost:

Area of Study- Category	Sub-Category
Year 1 Number of Courses:	Number of Credits:
Year 2 Number of Courses:	Number of Credits:
Year 3 Number of Courses:	Number of Credits:
Year 4 Number of Courses:	Number of Credits:
Year 5 Number of Courses:	Number of Credits:

****It is required that you attach a complete list of all the courses you must take in each year. If you happen to fail a course, the failed course will only be funded once****

COURSE SCHEDULE FOR EACH SEMESTER

September to December (Fall)
January to April (Winter)

Takla Nation PSSSP and UCEPP Application Checklist and Form

4. STUDENT LOANS:	YES	NO
Have you consulted with an academic or 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 accept responsibility for meeting student funding requirements and certify that my answers are true and complete to the best of my knowledge.		
Signature:		Date:

All enquiries about PSSSP and UCEPP should be directed to:

Sheena Teegee
Education Coordinator Takla Nation
 Address: Unit 301-1777 3rd Avenue
 Prince George, BC
 V2L3G7
 Phone: (250) 645-4400. Ext. 3008
 E-mail: edcoordinator@taklafn.ca

Takla Nation PSSSP and UCEPP Application Checklist and Form

FOR OFFICE USE ONLY	
Please mark YES to all that applies	
Continuing student close to completing the approved program	
Continuing student who have successfully completed	
High school graduate with feasible academic plan	
High school honours graduates with a high GPA	
Deferred applicant	
New applicant	
Adult learner demonstrating academic readiness and commitment	
Returning student in good academic standing	
Part-time student	
Demonstrate cost-sharing mechanism	
Meet strategic studies selection criteria and intends to serve the Nation	
NOTES:	

Takla Nation PSSSP and UCEPP Application Checklist and Form

FOR OFFICE USE ONLY				
STUDENT ACHIEVEMENT				
	Fall	Winter	Spring	Summer
	Graduated	Graduated	Graduated	Graduated
Circle one for each semester the student attends.	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: Circle for each year				
	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5

Takla Nation PSSSP and UCEPP Application Checklist and Form

FOR OFFICE USE ONLY					
Application Received:			Date:		
Reviewed By:					
Funding:		Approved		Denied	
Total Number of Months for Living Allowance:					
Travel: Yes		No		Amount:	
Level	1	2	3	4	5
Application Approved by:					
Title					
Signature:					

APPENDIX

- A. Further Education Plan (Please see a sample Further Education Plan on the next page)

- B. Official transcripts (mailed directly to Takla Nation)

- C. Letter of Acceptance from your institution
 - Please provide a copy of your letter of acceptance from your institution.

- D. Copy of your chosen Program from the Institutions Calendar
 - Please visit your institutions website to locate the programs and course selection. Find your specific program, print and attach to this application.

- E. Copy of Status Card (front and back)
 - Please photocopy your status card, front and back and attach it to this application. **Please ensure that your status card is not expired.**

- F. Bank Authorization Form (See second to last page)
 - A student receiving funding must maintain a bank account. The monthly living allowance will be directly deposited into your account each month. Any changes to your bank information must be reported to the Education Coordinator and to Payroll of Takla Nation.

- G. Academic Records Release Form (See last page)

PROGRAM LEVEL: PLEASE CIRCLE ONE

CERTIFICATE

DIPLOMA

BACHELORS DEGREE

MASTERS DEGREE

DOCTORATE DEGREE

PROGRAM DURATION:

PRE-REQUISITIES: PLEASE CIRCLE ONE

REQUIRED

COMPLETED

EXPECTED GRADUATION:

WHAT IS YOUR POST-SECONDARY INSTITUTION AND PROGRAM OF CHOICE AND WHY?

IF A PREVIOUSLY FUNDED PROGRAM HAS NOT BEEN COMPLETED IN THE EXPECTED DURATION, PLEASE INDICATE YOUR REASONS AND OUTLINE YOUR PLANS OF COMPLETING THE PROGRAM

HOW WILL YOUR EDUCATION BENEFIT YOU AND THE NATION?

DO YOU HAVE EMPLOYMENT GOALS WITH THE NATION AND ITS AGENCIES?

SIGNATURE:

DATE:



TAKLA NATION BANK AUTHORIZATION FORM

Bank Name: _____

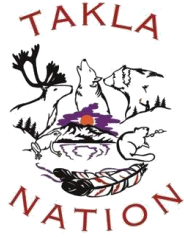
Bank Address

Bank Number _/_/_/_/

Transit Number _/_/_/_/

Account Number _/_/_/_/_/_/_/

Chequing or Savings (circle one)



ACADEMIC RECORDS RELEASE FORM

NAME OF STUDENT: _____

STUDENT NUMBER: _____

INSTITUTION NAME: _____

ADDRESS: _____

ACADEMIC YEAR: _____

ATTENTION: OFFICE OF THE REGISTRAR

To whom it may concern,

In signing this form, I grant Takla 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 or funding from Takla Nation.

Signature: _____

Date: _____

Takla Nation Education Department will keep a copy of the Academic Records Release Form on its files for records.