

## 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.	Comple						
	a.	Further Education Plan (all students)					
	b.	Official transcripts from last semester or Grade 12 (or equivalent) onwards including copy of diplomas and certificates achieved (new students)					
	c.	Official letter of acceptance from a public Post-Secondary Institution (new students)					
	d.	Copy of chosen program from the Institution's calendar (new students)					
	e.	Copy of Status Card (front & back) (new students)					
	f.	Pre-Authorized Direct deposit form or void cheque issued by bank (new students)					
	g.	Signed Academic Records Release Form (all students)					
4.	Any otl	ner documents (example: copy of identification document for dependents)					
Nar	ne:						
c:~.	antura	Data					



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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: Las	First Name: Last Name:					
Status Registration Number/Band Number (Required):						
Date of Birth (DD/MM/YYYY):						
Permanent Mailing Address:						
Email Address (Required):						
Phone Number (Required):						
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						

First Name:			Last Name:				
Employed: Yes	No	Employer:					
Income Per Year:							
**Please note that the dependent spouse**	re is an inco	me limit set by Re	venue Canada for a spouse to	o qualify as a			
DEPENDENT INFORMA	TION (CHILD	REN 18 YEARS AN	D YOUNGER)- COPY OF IDEN	TIFICATION REQUIRED			
First Name		Last Name	Date of Birth	Relationship			
1.							
2.							
3.							
4.							
5.							
Are you receiving accommodation (room and board) for any of the dependents? Yes  (This is important to calculate your monthly living allowance)							
**Please attach a copy of identification for each dependent if applicable**							
PREVIOUS ACADEMIC HISTORY							
Secondary School Last	Attended:						
Address:							
Level of Achievement:			Date Recei	ved:			
Previous Post- Seconda	ry Institutior	n Attended:					
Address:							

Level of Achievement:			Date Rec	eived:	
Previous Post- Secondary Institution Attende	d:				
Address:					
Level of Achievement:			Date Rec	eived:	
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 be education plan and outline your plans of cor please indicate your program completion plants	mpleting the	-		-	
**PLEASE ENSURE A COPY OF TRANSCRIPT F TO THIS APPLICATION**	ROM EACH	NSTITUTION	I (GRADE 1	2 onwards) I	SATTACHED
PROGRAM INFORMATION					
Post- Secondary Institution:					
Address:					
Program Name:					
Academic Program Length (Please circle):	1 2	3	4 5	+	
Full Time:		Part 1	Гіme:		
Start Date:	Ex	pected Comp	oletion Date	2:	
Type of Program (Please circle): Certificate	Diploma	Bach	elor I	Masters	Doctorate
Level of Education (Please circle): UCEPP	Certificate	Diploma	Bachelor	Masters	Doctorate
Prerequisites (Please circle): Required	Complete				

Expected Graduation:	
Program Cost (Please check college or unive	rsity website for costs):
Academic Year 1 Cost:	
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 happen to fail a course, the failed course wi	list of all the courses you must take in each year. If you II only be funded once**
COURSE SCHEDULE FOR EACH SEMESTER	
September to December (Fall)	

January to April (Winter)
May to June (Spring)
July to August (Summer)
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 a	an academic or career counsellor?	Yes	No					
Have you spoken with fina	Have you spoken with financial aid about funding?  Yes  No							
DECLARATION OF RESIDE	NCY							
Itwelve consecutive month		ave been a re	sident in Canada for					
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:		Da	te:					

All enquiries about PSSSP and UCEPP should be directed to:

## Holly West Education Coordinator Takla Nation

Address: 510 Carney Street Prince George, BC V2M 2K6

Phone: (250) 564 9321. Ext. 3022 E-mail: edcoordinator@taklafn.ca

FOR FINANCE OFFICE USE ONLY						
Application Rec	eived:			Da	ate:	
Reviewed By:						
Funding:			Appro	ved		Denied
Total Number o	f Months for	Living Allo	wance:			
Travel: Yes		No		Amoui	nt:	
Level	1	2	3	4	5	
Application App	proved by:					
Title						
Signature:						
Notes:						

#### **APPENDIX**

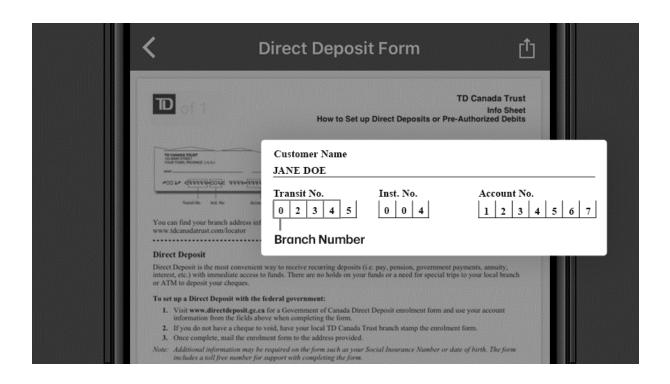
- A. Further Education Plan (Please see guidelines to write Further Education Plan on the next page)
- **B.** Official transcripts (mailed directly to Takla Nation)
- **C.** Letter of Acceptance from your institution (new students)
  - Please provide a copy of your letter of acceptance from your institution.
- **D.** Copy of your chosen Program from the Institutions Calendar (new students)
  - 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) (new students)
  - Please photocopy your status card, front and back and attach it to this application. Please ensure that your status card is not expired.
- **F.** Pre-authorized Direct Deposit Form or Void Cheque issued by the bank (See sample)
  - 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)

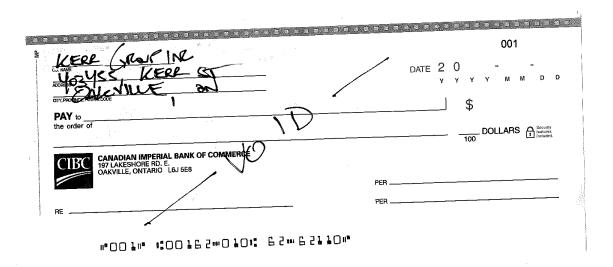
#### **FURTHER EDUCATION PLAN**

Please write a letter to Takla Nation Chief and Council addressing the following questions in your Further Education Plan:

- a. What are your education goals and how do you plan to accomplish them?
- b. Do you have any previous education or employment history? Will it help you in your current education and employment goals?
- c. What is your post-secondary institution and program of choice and why?
- d. How will your education benefit you and Takla Nation?
- e. Do you have employment goals with the Nation and its agencies after completing your program?

#### SAMPLE PRE-AUTHORIZED DIRECT DEPOSIT FORM/VOID CHEQUE BANK AUTHORIZATION FORM







#### **ACADEMIC RECORDS RELEASE FORM**

NAME OF STUDENT:		
STUDENT NUMBER:		
INSTITUTION NAME:		
ADDRESS:		
		_
ACADEMIC YEAR:		_
ATTENTION: OFFICE OF	THE REGISTRAR	
To whom it may concerr	١,	
In signing this form, I gra	ant Takla Nation Education Department permission to verify my	attendance,
academic progress, educ	cation costs and any other records deemed necessary while I ar	n attending
this institution and recei	iving financial assistance or funding from Takla Nation.	
Signature:	Date <sup>.</sup>	

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