

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:**

| Sigr | nature | Date _ | | | |
|------|---|---|--|--|--|
| Nar | ne: | | | | |
| 4. | Any oth | ner documents (example: copy of identification document for dependents) | | | |
| | h. | Signed Academic Records Release Form (all students) | | | |
| | g. | Pre-Authorized Direct deposit form or void cheque issued by bank (new students) | | | |
| | f. | | | | |
| | e. | | | | |
| | d. | | | | |
| | C. | | | | |
| | b. | | | | |
| | a. | | | | |
| 3. | Comple | | | | |
| 2. | Comple | | | | |
| 1. | Read PSSSP and UCEPP guidelines in the "Takla Nation Adult and Post-Secondary Educat Handbook" and related policy and procedures and understand student responsibilities and funding requirements | | | | |



TAKLA NATION

HEALTH ■ PROSPERITY ■ TRADITION

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 (Required): |
| Date of Birth (DD/MM/YYYY): |
| Permanent Mailing Address (Required): |
| |
| |
| 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 there i dependent spouse** | s an income | e limit set by Re | venue Canada for a spou | se to qualify as a | | |
| DEPENDENT INFORMATIO IDENTIFICATION REQUIRE | = | EN 18 YEARS AN | D YOUNGER)- COPY OF F | REVENUE CANADA | | |
| First Name | La | st Name | Date of Birth | Relationship | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| Are you receiving accommodation (room and board) for any of the dependents? Yes No (This is important to calculate your monthly living allowance) | | | | | | |
| **Please attach a copy of identification for each dependent** | | | | | | |
| PREVIOUS ACADEMIC HIS | TORY | | | | | |
| Secondary School Last Atte | ended: | | | | | |
| Address: | | | | | | |
| Level of Achievement: | | | Date F | Received: | | |
| Previous Post- Secondary Institution Attended: | | | | | | |

| Address: | |
|--|---|
| Level of Achievement: | Date Received: |
| Previous Post- Secondary Institution Attend | ded: |
| Address: | |
| Level of Achievement: | Date Received: |
| Have you received funding from Takla Natio | on previously? Yes No |
| If yes, was the funded program completed? | ? Yes No |
| further education plan and outline your pla program, please indicate your program cor | |
| **PLEASE ENSURE A COPY OF TRANSCRIPT ATTACHED TO THIS APPLICATION** | FROM EACH INSTITUTION (GRADE 12 onwards) IS |
| 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 Doctorate | Diploma Bachelor Masters |
| Level of Education (Please circle): UCEPP Doctorate | Certificate Diploma Bachelor Masters |

| 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 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) | |
|--|--------|
| | |
| | |
| | |
| | |
| **By taking Spring and Summer courses, Takla Nation is only able to fund students for the number credits required to complete their program of studies for the following academic year** | ber of |
| 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 | ancial aid about funding? | Yes | No | | |
| DECLARATION OF RESIDE | NCY | | | | |
| Icertify 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 | 2: | | |

Application deadline May 10, 2024 Please complete and return complete copy to:

Cher West: Education Coordinator Takla Nation

Address: 510 Carney Street Prince George, BC V2M 2K6 Phone: (250) 564 9321. Ext. 3018

E-mail: edcoordinator@taklafn.ca

| FOR FINANCE OFFICE USE ONLY | | | | | | |
|-----------------------------|---------------|--------------|--------|---------|------|--------|
| Application Rec | eived: | | | Da | ate: | |
| Reviewed By: | | | | | | |
| Funding: | | | Approv | ved | | Denied |
| Total Number o | of Months for | Living Allov | wance: | | | |
| Travel: Yes | | No | | Amount: | | |
| Level | 1 | 2 | 3 | 4 | 5 | |
| Application App | proved by: | | | | | |
| Title | | | | | | |
| Signature: | | | | | | |
| Notes: | | | | | | |
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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. Seat Deposit (All students)
 - Please pay and attach original receipt to this application for reimbursement.
- **E.** 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.
- **F.** 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.
- **G.** 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.
- **H.** Academic Records Release Form (See last page)

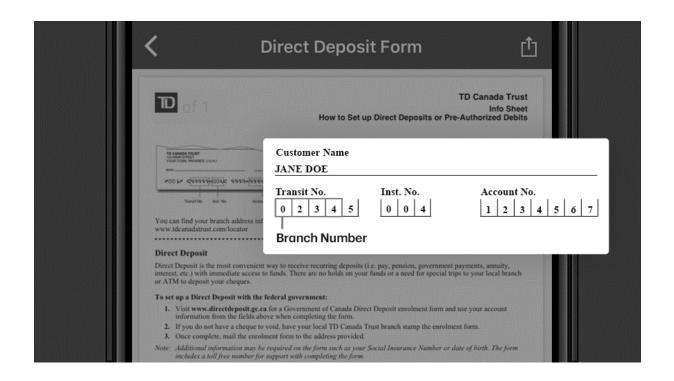
FURTHER EDUCATION PLAN

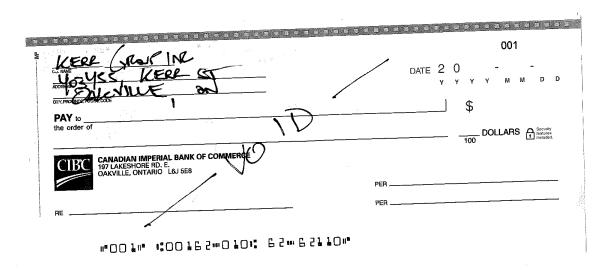
Please write a letter to Takla Nation Chief and Council addressing the following questions in your Further Education Plan:

- 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?

Please keep your banking information up to date

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 1 | THE REGISTRAR | |
| To whom it may concern | ٦, | |
| In signing this form, I gra | ant Takla Nation Education Department permission to verify m | y attendance, |
| academic progress, edu | cation costs and any other records deemed necessary while I a | m attending |
| this institution and rece | iving 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.