



# 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.

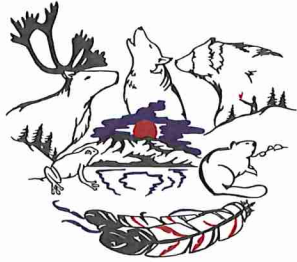
Please INITIAL each below:

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 (**all students**) **Required**  
\_\_\_\_\_
  - 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. Seat deposit (**all Students**) \_\_\_\_\_
  - e. Copy of chosen program from the Institution’s calendar (**new students**) \_\_\_\_\_
  - f. Copy of Status Card (front & back) (**new students**) \_\_\_\_\_
  - g. Pre-Authorized Direct deposit form or void cheque issued by bank (**new students**) \_\_\_\_\_
  - h. Signed Academic Records Release Form (**all students**) \_\_\_\_\_
4. Any other documents (example: copy of identification document for dependents) \_\_\_\_\_

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.

<b>APPLICANT INFORMATION</b>	
First Name:	Last Name:
Status Registration Number/Band Number <b>(Required)</b> :	
Date of Birth (DD/MM/YYYY):	
Permanent Mailing Address <b>(Required)</b> :	
Email Address <b>(Required)</b> :	
Phone Number <b>(Required)</b> :	
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:	

Takla Nation PSSSP and UCEPP Application Checklist and Form

<b>SPOUSE INFORMATION</b>			
First Name:		Last Name:	
Employed: Yes	No	Employer:	
Income Per Year:			
<b>**Please note that there is an income limit set by Revenue Canada for a spouse to qualify as a dependent spouse**</b>			
<b>DEPENDENT INFORMATION (CHILDREN 18 YEARS AND YOUNGER)- COPY OF REVENUE CANADA IDENTIFICATION REQUIRED</b>			
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Relationship</b>
1.			
2.			
3.			
4.			
5.			
Are you receiving accommodation (room and board) for any of the dependents?		Yes	No
<b>(This is important to calculate your monthly living allowance)</b>			
<b>**Please attach a copy of identification for each dependent**</b>			
<b>PREVIOUS ACADEMIC HISTORY</b>			
Secondary School Last Attended:			
Address:			
Level of Achievement:		Date Received:	
Previous Post- Secondary Institution Attended:			

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Address:						
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			
<b>**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**</b>						
<b>**PLEASE ENSURE A COPY OF TRANSCRIPT FROM EACH INSTITUTION (GRADE 12 onwards) IS ATTACHED TO THIS APPLICATION**</b>						
<b>PROGRAM INFORMATION</b>						
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						

Takla Nation PSSSP and UCEPP Application Checklist and Form

Prerequisites (Please circle): Required      Complete	
Expected Graduation:	
Program Cost <b>(Please check college or university website for costs):</b>	
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:
<b>**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**</b>	
<b>COURSE SCHEDULE FOR EACH SEMESTER</b>	
September to December (Fall)	

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January to April (Winter)
<b>**By taking Spring and Summer courses, Takla Nation is only able to fund students for the number of credits required to complete their program of studies for the following academic year**</b>
May to June (Spring)
July to August (Summer)
Do you have additional sources of funding? If yes, please indicate.

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1. SCHOLARSHIPS:	YES	NO
2. BURSARIES:	YES	NO
3. AWARDS:	YES	NO
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
<b>DECLARATION OF RESIDENCY</b>		
I _____ certify that I have been a resident in Canada for twelve consecutive months prior to this date.		
Signature:		Date:
<b>STUDENT DECLARATION</b>		
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:

**Application deadline May 16,2025**

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

Takla Nation PSSSP and UCEPP Application Checklist and Form

FOR FINANCE 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:					
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. 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?

Takla Nation PSSSP and UCEPP Application Checklist and Form

Please keep your banking information up to date

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

**Customer Name**  
JANE DOE

**Transit No.** 0 2 3 4 5      **Inst. No.** 0 0 4      **Account No.** 1 2 3 4 5 6 7

**Branch Number** 1

**Direct Deposit**  
Direct Deposit is the most convenient way to receive recurring deposits (i.e. pay, pension, government payments, annuity, interest, etc.) with immediate access to funds. There are no holds on your funds or a need for special trips to your local branch or ATM to deposit your cheques.

To set up a Direct Deposit with the federal government:

1. Visit [www.directdeposit.gc.ca](http://www.directdeposit.gc.ca) for a Government of Canada Direct Deposit enrolment form and use your account information from the fields above when completing the form.
2. If you do not have a cheque to void, have your local TD Canada Trust branch stamp the enrolment form.
3. Once complete, mail the enrolment form to the address provided.

Note: Additional information may be required on the form such as your Social Insurance Number or date of birth. The form includes a toll free number for support with completing the form.

001

**CUSTOMER NAME** KERR GROUP INC  
**ADDRESS** 4055 KERR ST  
VENEVILLE ON  
CITY, PROVINCE, POSTAL CODE

**DATE** 20 - -  
Y Y Y Y M M D D

**PAY to the order of** \$ 100 DOLLARS

**CIBC** CANADIAN IMPERIAL BANK OF COMMERCE  
197 LAKESHORE RD. E.  
OAKVILLE, ONTARIO L6J 5E8

PER \_\_\_\_\_  
PER \_\_\_\_\_

RE \_\_\_\_\_

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**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.**