SKIDEGATE BAND COUNCIL

BOX 1301, SKIDEGATE, B.C. V0T 1S1 PHONE (250) 559-4496 FAX (250) 559-8247
E: education@skidegate.ca

EDUCATION DEPARTMENT

Post-Secondary Student Assistance Program
Application for Sponsorship

In addition to completing this application, you are also responsible for submitting various supporting documents at your expense. Sponsorship is competitive and students must re-apply for each year of sponsorship. Applicants will be notified of their sponsorship within four weeks of the appropriate application deadlines: at **11:59 pm: February 15-Summer Semester, June 15th-Fall Semester, and September 15th-Winter Semester**

1.Personal Information:

Last Name: _____ **Given Name(s):** _____

Mailing Address: _____

Residential Address: _____

Phone: _____ **Working Email:** _____

Band Registry #: _____ **Birthdate:** _____

M / F (Circle) **Marital Status:** Single/Married/Common Law (Circle)

Name of Spouse: _____
Is your spouse employed? Y / N (Circle) (Proof of income required)
Is your spouse attending post-secondary school? Y / N If yes, is he/she being sponsored? Y / N
If yes, who is sponsoring spouse? _____

List dependents under the age of 18 who reside with you year-round:

First Name	Surname	Birthdate	Age	Band Number
First Name	Surname	Birthdate	Age	Band Number
First Name	Surname	Birthdate	Age	Band Number
First Name	Surname	Birthdate	Age	Band Number

2. Program Information

Program Name: _____

Co-op/Placement/Practicum? Y / N if yes, length? _____

Program Length: _____ (how many years in total?)

Post-Secondary Institution Name (and fax#): _____

Post-Secondary Institution Address: _____

_____**(including postal code)**

Start date: _____ **Completion Date:** _____ (current academic year)

Type of Training:

Local Training?	_____ Yes _____ No
College Preparation (maximum 1 year)	_____
Community College	_____
University Transfer	_____
University-Undergraduate	_____
Masters Program	_____
PhD Program	_____

3. Previous Education and/or Training (please list):

Course/Program: _____ **Institute:** _____

Year_____ Completed: _____ Yes _____ No

Course/Program: _____ **Institute:** _____

Year_____ Completed: _____ Yes _____ No

Have you received financial sponsorship from the Skidegate Band Council in the past? Y / N (circle)

If yes, please list any/all program(s) and dates: _____

_____

_____

4. Program Costs:

Tuition: $_____ **Books:** $600.00/semester

Is this a new application: Y / N **If no, are you a continuing student?** Y / N

Full-time Assistance: Y / N **Part-time Assistance:** Y / N

What year of study are you applying for? _____ (i.e. year 1, 2, 3, 4 or 5)

5. Educational Goals:

Please outline your educational plan for studies: _____

_____

_____

_____

_____

_____

_____

_____

Has the Skidegate Education Department every put you on sponsorship probation? Y / N

If yes, please give a brief explanation: _____

_____

_____

_____

_____

6. Student Declaration

I hereby apply for educational sponsorship under the post-secondary student assistance program or the period indicated.

I declare that the information contained in this application for sponsorship is accurate to the best of my knowledge.

I understand that the falsification and misrepresentation of information, or failure to abide by the terms of sponsorship may result in the discontinuation of sponsorship and/or refusal for future financial assistance.

I also understand that should I receive financial assistance under a false pretence, I will be liable for the repayment of such funds.

I agree to report any changes in program status immediately.

_____ _____

Applicant Signature Date

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Agreement between:

The Skidegate Band Council

And

_____
The Sponsored Student (Print Name)

Students/applicants must agree to the following terms and conditions:

1) Accept the responsibility to manage the sponsored education funds accordingly.
2) Maintain the appropriate course load for the funding rate requested. A full course load is five courses, the minimum acceptable course load is four courses. (Three courses or less meets the criteria for part time funding)
3) Accept the responsibility for satisfying the academic requirements of the Skidegate Band Council of a GPA of 2.75, C+ average or better.
4) Requests for special equipment or supplies must be submitted in writing to the Education Coordinator accompanied with three competitive cost quotes.
5) Provide unofficial grades to the Education Coordinator at the end of each semester.
6) Provide official transcripts to the Education Coordinator at the end of each term.
7) Attend class regularly.
8) Advise the Education Coordinator of changes in programs, school and or living arrangements that could affect funding.
9) Advise the Education Coordinator of address, telephone and email changes in advance of the change.
10) Travel subsidies must be requested in writing and travel funds are allocated for travel purposes only.
11) Adhere to Probation Agreement if on probation.
12) Confirm that I have been a resident of Canada for the last twelve (12) months.
13) **Confirm that I have read and completed the Skidegate Education Department post-secondary application form;**
14) **Confirm that I have read and understood the Skidegate Education Department Policies, (available on the www.skidegate.ca website) or at the Skidegate Education Department.**

_____ _____
Student Signature Signed on behalf of SBC

_____
Date

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Student Information Release Form:

Student Name: _____

Student Number: _____

Institution Name: _____

Institution Address: _____

Institution Phone: _____ **Institution Fax:** _____

I hereby authorize the Skidegate Education Coordinator to obtain student information regarding my academic status from the above named institution. This includes inquiries regarding attendance, fees, academic planning and other pertinent student information.

I authorize the Skidegate Education Coordinator to contact appropriate school officials for copies of my records and status as needed.

_____
Student Signature

_____
Date

Application Checklist:

Please submit this completed checklist and supporting documents with your application. All items MUST be checked off to confirm your application is complete. **Incomplete applications will not be considered for review until all documents are on file.**

- ☐ Completed and signed application form,
- ☐ Copies of all validated forms of identification*
- ☐ Letter of intent detailing educational goals, etc.
- ☐ Signed and dated "Sponsorship Agreement",
- ☐ Signed and dated "Student Information Release" form,
- ☐ Letter of Acceptance from Post-Secondary Institution – New Students,
- ☐ Letter of Permission to Register – Continuing Students,
- ☐ High School transcripts and/or Post-Secondary official transcripts,
- ☐ Details of your Program,
- ☐ Math and English Assessment Results – Mature Students,
- ☐ Applicants with Dependents – verification of income and dependents' identification*

*Validated forms of identification are required for all applicants and dependents.

These include:

1) Band Registry Card, photo-quality reproduction
2) Birth Certificate
3) Care Card
4) Social Insurance number

Proof of student loans, living allowance grants must accompany application, new and continuing.

Thank you for applying to the Skidegate Education Department for financial assistance for post-secondary funding. Although we make every effort to assist all students with sponsorship, funding is limited. Students are selected based on quality of applications, deadlines and priority criteria outlined in the Skidegate Band Council Education Department Post-Secondary Funding Policy. If you have any questions or difficulty with this application or its process, please contact the Skidegate Education Coordinator for assistance.

Good Luck!