

Fort Nelson First Nation | Community Education Authority

RR1 Mile 295 Alaska Highway

Fort Nelson, BC V0C 1R0

T: 250.774.7257

F: 250.774.7260

fortnelsonfirstnation.org

POST-SECONDARY EDUCATION APPLICATION PACKAGE

COMPLETE APPLICATIONS MUST BE SUBMITTED TO THE EDUCATION COORDINATOR BY JUNE 15

CONTACT:

Karleigh Kotchea, Education Coordinator

Fort Nelson First Nation Education Department

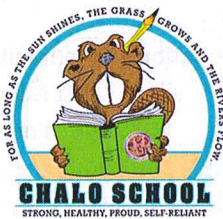
Phone: 250.774.7257

Fax: 250.774.7260

Toll Free: 1.888.543.3636

Email: karleigh.kotchea@chaloschool.bc.ca

"For as long as the sun shines, the grass grows and the rivers flow."



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Enclosed is an application package for Fort Nelson First Nation Post-Secondary Funding. Please complete the application and include the following documentation:

Documentation to Attach:	Included:
Cover letter.	
Direct deposit information from the bank.	
Copies of documents for yourself and your dependents claimed. (e.g. status cards, care cards, birth certificates, driver's license)	
Official letter of acceptance from the Educational Institution.	
Complete course outline of program. (courses you will take in each semester)	
Cost breakdown of tuition, textbooks, registration and other related fees. (please calculate by semester)	
Transcripts from last school attended <u>OR</u> CAAT results	

Please Note: It is necessary to include your proposed education plan for the entire upcoming academic year. This includes Spring, Summer, Fall, and Winter semester. This information is imperative to our annual budgeting process.

For Post-Secondary Application calculating purposes an academic year will start in May and end in April.

Example: May 2019/April 2020 or May 2020/April 2021 would be a complete academic year.

Your application, with all required documents, can be faxed, mailed or delivered to the FNFN Education Coordinator. Applications received by the FNFN Education Coordinator after the budget is expended will be placed on a waiting list for funding. Incomplete applications will be placed on a pending list until all the information is received. Funding cannot be assured for applicants.

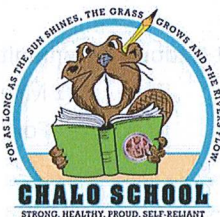
The deadline date for Post-Secondary Applications is June 15th of each year.

Should you require further information, please contact the FNFN Education Coordinator at the above address, by phone at 250.774.7257 or email at karleigh.kotchea@chaloschool.bc.ca

Sincerely,

Karleigh Kotchea
Education Coordinator

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STUDENT FINANCIAL ASSISTANCE APPLICATION

Please complete all sections of the applications or it may be deemed incomplete.

PERSONAL INFORMATION:

Given Name	Middle Name	Surname	
Social Insurance Number	Date of Birth	Gender	Indian Registry Number
Mailing Address	City	Province	Postal Code
Phone Number	Messages	Email Address	

MARITAL STATUS: Please submit supporting documents. (i.e. status card/other identification)

Single and Living with Parents(s) <input type="checkbox"/>	Single Person <input type="checkbox"/>	Single Parent <input type="checkbox"/>	Married/ Common Law with Employed Spouse <input type="checkbox"/>	Married / Common Law with Dependant Spouse <input type="checkbox"/>	Number of Dependents
Spouse's Full Legal Name:			Spouse's Signature	Emergency Contact Phone Number:	

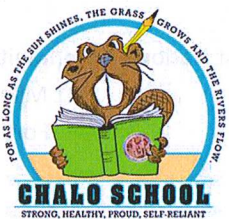
LIST OF DEPENDENTS: Please submit supporting documents for dependents.

First Name (& Surname if different)	Date of Birth	Relationship	First Name (& Surname if different)	Date of Birth	Relationship
First Name (& Surname if different)	Date of Birth	Relationship	First Name (& Surname if different)	Date of Birth	Relationship
First Name (& Surname if different)	Date of Birth	Relationship	First Name (& Surname if different)	Date of Birth	Relationship
First Name (& Surname if different)	Date of Birth	Relationship	First Name (& Surname if different)	Date of Birth	Relationship
First Name (& Surname if different)	Date of Birth	Relationship	First Name (& Surname if different)	Date of Birth	Relationship

EDUCATION: Provide educational history beginning with the most current program

Institute / School	Location	Program	Level Obtained
Institute / School	Location	Program	Level Obtained
Institute / School	Location	Program	Level Obtained
What certificates / diploma / degree have you obtained?			
What are your educational goals and objectives?			

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EDUCATION PLAN PROPOSED:

Institute / School		Address		Province	Postal Code
Program			Length of Program		Year of Study
Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Letter of Acceptance Provided <input type="checkbox"/>	Upgrading <input type="checkbox"/>	Start Date	Completion Date
Certificate <input type="checkbox"/>	Diploma <input type="checkbox"/>	Bachelors Program <input type="checkbox"/>	Master's Program <input type="checkbox"/>	Doctorate <input type="checkbox"/>	
What are your short term goals?					
What are your long term goals?					
Are there any upcoming circumstances which may affect your attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please explain in writing.					

OTHER FUNDING SOURCES / INCOME:

Are you currently or will be in receipt of funding from any other source? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name the source	Amount
Are you currently or will be in receipt of funding from any other source? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name the source	Amount

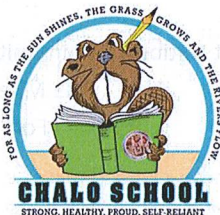
TYPE OF SPONSORSHIP REQUESTED: Please check all that apply and if possible provide estimated costs.

Tuition Fees <input type="checkbox"/>	Registration Fees <input type="checkbox"/>	Student Fees <input type="checkbox"/>	Textbooks <input type="checkbox"/>	Monthly Living Allowance <input type="checkbox"/> \$
\$	\$	\$	\$	
Travel: (Only for students moving to and back from school, provide receipts :) <input type="checkbox"/>				Other: (Please specify) \$
Have you previously been sponsored by Fort Nelson First Nation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you submitted all transcripts / copy of marks to the Fort Nelson First Nation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you completed the program? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have not completed other FNFN educational sponsored programs, please explain.				

BANKING INFORMATION: Banking information is required for direct deposit.

Please attach a Void Cheque or a Direct Deposit slip from your bank to this application.

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CANADIAN RESIDENT:

I, _____, certify that I have been a resident in Canada for 12 consecutive months prior to this date.

I hereby apply for Educational Financial Assistance from the Community Education Authority, Fort Nelson First Nation. I declare that the information submitted in this application is true, correct and complete to the best of my knowledge and that the financial assistance sought will be used for educational purposes as set out in this application.

If I obtain funding under false pretence, I will be liable for full repayment of my education grant. I agree to abide by the Student Responsibilities Agreement. I understand that if I do not, that my funding will automatically be suspended, and that my funding will not be automatically renewed.

Signature _____

Date _____

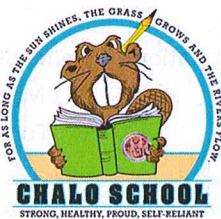
FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:

Funding Application Decision: Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/>	Date of Meeting _____
Follow-Up Required: _____ _____ _____	

FOR INTERNAL USE ONLY:

Fort Nelson First Nation Membership Status: FNFN Band Member <input type="checkbox"/> FNFN Affiliate Member <input type="checkbox"/> FNFN Probation Member <input type="checkbox"/> Non FNFN Member <input type="checkbox"/>	Membership confirmed by the Fort Nelson First Nation Membership Clerk on: _____
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CONSENT FOR RELEASE OF INFORMATION

Name of Institution

Address

City

Postal Code

Attention: Office of the Registrar

As a student assisted by the Fort Nelson First Nation, I hereby authorise the above-noted secondary institution to release all transcripts, attendance records and other documents indicative of my progress to the Education Coordinator of the Fort Nelson First Nation.

Student Name

Student Number

Program of Study

School Year

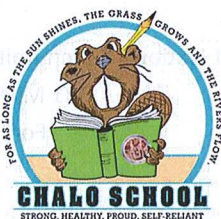
Please forward the above-noted documentation as they become available to:

Community Education Authority
Fort Nelson First Nation
RR1 Mile 295 Alaska Highway
Fort Nelson, BC, V0C 1R0
Fax: 250.774.7260
Attention: Karleigh Kotchea, Education Coordinator
E-mail: Karleigh.kotchea@chaloschool.bc.ca

Signature

Date

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POST SECONDARY REPAYMENT AGREEMENT

I, _____, agree to attend and fully participate in (course name) _____.

I acknowledge that the cost of this course and the course material(s) will be funded through the Community Education Authority Fort Nelson First Nation. Failure to attend or participate will result in a cost recovery in which I will be responsible to pay the full amount of the course and/or course material(s) that are funded. Failure to comply with this repayment agreement will result in my being unable to have the costs for future courses covered by the Community Education Authority Fort Nelson First Nation.

I, _____, hereby agree to repay and/or approved a deduction in the amount of \$ _____, to be paid to Fort Nelson First Nation Education program.

This will only apply if failure is due to lack of my participation.

Signature

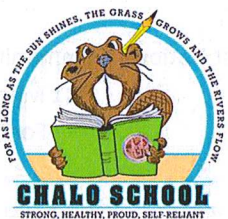
Witness

Date

Date

NOTE: When repaying money to the Community Education Authority Fort Nelson First Nation, make the cheque or money order payable to the Fort Nelson First Nation.

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RE: Relocation Funds

Please accept this letter as my request for the relocation funds to travel from my home town to _____
(city) to attend the _____ (school).

Departure Date: _____

Further to this, please accept this as my request for travel funds to return home upon completion of the school year.

Estimated Return Date: _____

Should you require further information, feel free to contact me at (_____) _____ or e-mail at
_____.

Sincerely yours,

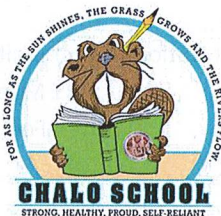
Signature

Date

FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:

Relocation Funds Decision: Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/>	Date of Meeting:
<input type="checkbox"/> First Payment \$ _____ <input type="checkbox"/> Second Payment \$ _____	
Follow-Up Required?	

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RE: Christmas Travel Funds

I, _____ would like to request Christmas Travel Funds to return home for Christmas.

(Please fill out the bottom if you have any children).

The list of my children/dependents:

Ages

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Departure Date: _____

Destination: _____ to _____

Return: _____ to _____

Should you require further information, feel free to contact me at (_____) _____ or e-mail _____

Sincerely,

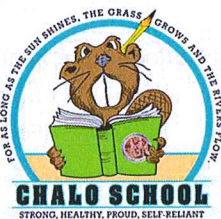
Signature

Date

FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:

Christmas Travel Funds Decision: Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/>	Date of Meeting: _____
Amount \$ _____	
Follow-up required? _____	

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STUDENT RESPONSIBILITIES AGREEMENT

I, _____, agree to the following terms and conditions:

- A. Maintain the appropriate course load for the funding rate requested. Full time is a minimum of 3 courses or 9 credits per semester.
- B. Maintain a minimum grade point average equal to a C+ or better (2.3 GPA) during each semester;
- C. Provide transcripts of marks to the Education Coordinator at the end of each term within one month upon completion of each term;
- D. Maintain regular class attendance;
- E. Communicate with the Education Coordinator in an effective and polite manner to help resolve any sponsorship issues that may arise during the school year. I understand Verbal Abuse towards the Education Department Staff will not be tolerated;
- F. Notify instructors, school, and the Education Coordinator of more than three consecutive absences and provide a Doctor's note;
- G. Provide written notice of course or program withdrawal. Withdrawal must be made prior to fee reimbursement deadline or I will be financially responsible;
- H. Advise the Education Coordinator of changes in program, school, medical absence (with a doctor's note), and/or living arrangements that could affect funding.
- I. Advise the Education Coordinator of address and telephone number changes in advance of moving and ensure that current contact information is provided.
- J. And fully disclose any other funding that I may be receiving.

I understand and accept the terms and conditions as presented, otherwise I waive my privilege of sponsorship by Fort Nelson First Nation Education Department.

Signature _____

Date _____

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