

Fort Nelson, BC VOC 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



> T: 250.774.7257 F: 250.774.7260

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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.	A
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



PERSONAL INFORMATION:

Given Name



Middle Name

Fort Nelson First Nation | Community Education Authority RR1 Mile 295 Alaska Highway

Surname

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STUDENT FINANCIAL ASSISTANCE APPLICATION

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

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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,date.	, certify that I have be	een a resident in Canad	da for 12 consecutive months prior to this
I hereby apply for Educational Finan declare that the information submitte financial assistance sought will be u	ed in this application is true	e, correct and complete	e to the best of my knowledge and that the
			tion grant. I agree to abide by the Student atically be suspended, and that my funding
Signature	holim tivida alb actor fu	n ydonadd i n Date	Attention: Office of the Engistrar
FOR COMMUNITY EDUCATION A Funding Application Decision:		Date of Meeting	Attention: Office of the Registrar Languipe, attentenda records and effect Languipe.
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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 RT Mille 298 Alaska Highway Fort Nelson, BC, VOC 1R0 Fax: 250.774, 7250 Attention: Karleigh Kotchea, Education Coordinator E-mail: Karleigh Kotchea@chaloschool.bc.ca	CONSENT FOR RELEASE OF INFORMA	ON STANDARD MAD
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Attention: Karleigh Kotchea, Education Coordinator	Fort Nelson, BC, V0C 1R0	
	Attention: Karleigh Kotchea, Education Coordina	r
Signature Date		



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POST SECONDARY REPAYMENT AGREEMENT	
I,, agree to attend and fu	lly participate in (course name) st of this course and the course material(s) will be
funded through the Community Education Authority Fort Nelson First National recovery in which I will be responsible to pay the full amount of the course comply with this repayment agreement will result in my being unable to he Community Education Authority Fort Nelson First Nation.	e and/or course material(s) that are funded. Failure to ave the costs for future courses covered by the
I,, hereby agree	
amount of \$, to be paid to Fort Nelson First Nation Educ	cation 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 Authoris	ty Fort Nelson First Nation, make the cheque or



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Community Education Authority Fort Nelson First Nation RR1 Mile 295 Alaska Highway Fort Nelson, BC VOC 1R0

RE: Relocation Funds

Please accept this letter as my request for the relocation fund (city) to attend the (school).	Is to travel from my home town to
Departure Date:	od ,
Further to this, please accept this as my request for travel fun	ids to return nome upon completion of the school year.
Estimated Return Date:	
Should you require further information, feel free to contact me	
Sincerely yours,	
Signature	Date
FOR COMMUNITY EDUCATION AUTHORITY USE ONLY:	
Relocation Funds Decision: Approved Rejected Pending Pending	Date of Meeting:
□ First Payment \$ □ Second Payment \$	
Follow-Up Required?	



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Community Education Authority Fort Nelson First Nation RR1 Mile 295 Alaska Highway Fort Nelson, BC V0C 1R0

RE: Christmas Travel Funds

	ld like to request Christmas Travel F	
(Please fill out the bottom if you have any children).		
he list of my children/dependents:	Ages	
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Should you require further information, feel free to considerable. Sincerely, Signature FOR COMMUNITY EDUCATION AUTHORITY USE Christmas Travel Funds Decision: Approved Rejected Pending	Date ONLY:	or e-mail
Should you require further information, feel free to consider the state of the stat	Date ONLY:	or e-mail



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STI	JDE	NT 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.
	В.	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;
	Н.	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.
		stand and accept the terms and conditions as presented, otherwise I waive my privilege of sponsorship by Fort Nelson tion Education Department.
Siar	nature	Date