

Lax Kw'alaams Band  
206 Shashaak Street  
Port Simpson, B.C. V0V 1H0  
Phone: (250) 625-3293 Education Ext 230 Fax: (250) 625-3246  
Lisa: lisa\_edcoordinator@laxband.com  
**Short Term Application**  
**(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)**

**DOCUMENT CHECK LIST:**

- Application form complete filled out and signed (self & witness)**
- Course / program description, including cost (from institute)**
- Transcripts if you were funded previously**
- Copy of Certificates if funded for other courses**
- Start / End Dates of course(s) / program**
- Copy of Status Card for self & dependents**
- Contact information for institute (mailing address, phone #, fax #, email)**
- Co-funding letter (if another agency is funding and /or if the tuition is over \$5,000 (which is the max for the school year))**

**All of the above information & documentation is required with the application, & is used to determine funding, so be sure to have everything in.**

Lax Kw'alaams Band  
206 Shashaak Street  
Port Simpson, B.C. V0V 1H0  
Phone: (250) 625-3293 Education Ext 230 Fax: (250) 625-3246  
Lisa: lisa\_edcoordinator@laxband.com

**Short Term Application**  
**(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)**

**Basic Student Information:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_  
Band # 6740 \_\_\_\_\_ SIN \_\_\_\_\_  
Marital Status: Married / Common Law / Single Spouse Name: \_\_\_\_\_  
**Next of** Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
**Kin:** Address: \_\_\_\_\_ Applicant Working: Y/N FT/ PT EI: Y/N SA: Y/N  
\_\_\_\_\_  
Spouse Working: Y/N FT/ PT EI: Y/N SA: Y/N  
Name of Children & age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program and Institute Information: (copy of program info, acceptance letter)**

Institute Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
\_\_\_\_\_  
Program/Course Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Program Cost  
Tuition: \_\_\_\_\_ Books: \_\_\_\_\_ Supplies: \_\_\_\_\_ Travel: \_\_\_\_\_

**Education History:**

Have you applied for short term & or long term funding in the past? Y/N If so, what were you funded for and when? \_\_\_\_\_ Did you successfully pass the course? Y/N If you did not pass, what happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain why you want to take this course.... \_\_\_\_\_  
\_\_\_\_\_

Have you applied to other funding sources? Y/N Funding source: \_\_\_\_\_

Lax Kw'alaams Band  
206 Shashaak Street  
Port Simpson, B.C. V0V 1H0  
Phone: (250) 625-3293 Education Ext 230 Fax: (250) 625-3246  
Lisa: lisa\_edcoordinator@laxband.com

**Short Term Application**  
**(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)**

**OCCUPATION SKILLS TRAINING PROGRAM**  
**AGREEMENT BETWEEN THE LAX KW'ALAAMS INDIAN BAND**  
**AND THE FOLLOWING STUDENT:**

AS A STUDENT BEING FUNDED BY THE LAX KW'ALAAMS INDIAN BAND, I RESPECTFULLY AGREE TO THE FOLLOWING CONDITIONS FOR FUNDING RECEIVED UNDER THE POST SECONDARY/OCCUPATIONAL SKILLS TRAINING PROGRAM FOR THE SCHOOL YEAR \_\_\_\_/\_\_\_\_.

1. I UNDERSTAND THAT I MUST ATTEND ALL THE CLASSES AND BE ON TIME. I REALIZE THAT THIS IS A SHORT TERM COURSE AND THAT I MUST ATTEND IN ORDER TO PASS.
2. I UNDERSTAND THAT IF I WITHDRAW FROM THE COURSE/PROGRAM, THAT I WILL DO ALL THE NECESSARY PAPERWORK AT THE INSTITUTE. FURTHER, I UNDERSTAND THAT IF I DO NOT DO ALL THE NECESSARY PAPERWORK TO WITHDRAW FROM THE INSTITUTE THAT I WILL BE RESPONSIBLE FOR ALL MY TRAINING COSTS AND I UNDERSTAND THAT I WILL HAVE TO PAY THE LAX KW'ALAAMS BAND BACK FOR COSTS ASSOCIATED WITH MY TRAINING.
3. I UNDERSTAND THAT IF I WITHDRAW THAT I MUST INFORM THE EDUCATION COORDINATOR. FURTHER, I UNDERSTAND THAT IF I DO NOT INFORM THE EDUCATION COORDINATOR OF WITHDRAWING FROM MY PROGRAM, THAT I WILL BE RESPONSIBLE FOR THE COSTS FOR THE PROGRAM SUCH AS TUITION, BOOKS, SUPPLIES, TRAVEL AND TRAINING ALLOWANCE.
4. I UNDERSTAND THAT IF I WITHDRAW THAT I WILL NOT BE FUNDED FOR THAT SAME COURSE/PROGRAM AGAIN AND THAT IF I APPLY FOR FUNDING IN THE FUTURE THAT MY PAST FUNDING HISTORY WILL BE USED TO DETERMINE FUTURE FUNDING.
5. I UNDERSTAND THAT I MUST SUBMIT MY CERTIFICATE TO THE LAX KW'ALAAMS BAND WHEN I COMPLETE MY COURSE/PROGRAM.
6. I UNDERSTAND THAT I MUST SUBMIT MY TRANSCRIPTS TO THE LAX KW'ALAAMS BAND (WHERE APPLICABLE) WHEN I COMPLETE MY COURSE/PROGRAM.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Witness' Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Lax Kw'alaams Band  
206 Shashaak Street  
Port Simpson, B.C. V0V 1H0  
Phone: (250) 625-3293 Education Ext 230 Fax: (250) 625-3246  
Lisa: lisa\_edcoordinator@laxband.com

**Short Term Application**  
**(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)**

**SIGNATURE PAGE**

Applications will only be accepted which have been signed by the Applicant. If the Applicant is less than 19 years of age up signing, a parent and/or legal guardian must also sign the application.

By signing this application, I \_\_\_\_\_ (print name) of \_\_\_\_\_ (address) located in \_\_\_\_\_ (city) therefore assert and guarantee, the information is accurate and true. Further, I understand that any misrepresentation will result in immediate termination of funding, and that I will not be able to secure further funding.

Further, I, \_\_\_\_\_ (print name) also agree to advise the Lax Kw'alaams Band Education Coordinator of any changes to my status, or conditions of my funding, including changes to any course(s).

Further, I, \_\_\_\_\_ (print name) fully understand my obligation to myself in pursuing my career goal(s) , and to the community of Lax Kw'alaams in providing funding for my education, which is a privilege, not a right, and I will conduct myself accordingly to not bring disrespect upon myself or my community.

Further, I, \_\_\_\_\_ (print name) understand that it is my obligation to provide all necessary documentation, and my application processing will not be completed without me providing all the necessary documentation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ at \_\_\_\_\_.

Applicant's Name: \_\_\_\_\_ (print)

Applicant's Signature: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_ (if applicant is under 19 yrs)

Parent or Legal Guardian's Signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**OR (one or the other, not both)**

Witness Name: \_\_\_\_\_ (if applicant is over 19 yrs)

Witness Signature: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Telephone No. of Witness: \_\_\_\_\_

Lax Kw'alaams Band  
206 Shashaak Street  
Port Simpson, B.C. V0V 1H0  
Phone: (250) 625-3293 Education Ext 230 Fax: (250) 625-3246  
Lisa: lisa\_edcoordinator@laxband.com

**Short Term Application**  
**(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)**

**PERMISSION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ (FULL LEGAL NAME) hereby agree that  
Agencies and/or Institutions listed below, may release information to the Lax Kw'alaams Band  
Education Coordinator from \_\_\_\_\_ to \_\_\_\_\_.

- College or University I am attending
- Institutes: First Nations Access Coordinator
- H.R.D.C. (E.I.)
- Career Resource Centre
- TRICORP / PTP ASEP
- TRANSITIONS/ ACCESS
- Other possible funding sources not listed
- Ministry of Human Resources (Social Assistance)
- Workers Compensation Board (WCB)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ at \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **SIN** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Parent or Legal Guardian's Name:** \_\_\_\_\_ (if applicant is under 19 yrs)

**Parent or Legal Guardian's Signature:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_