Lax Kw'alaams Band 206 Shashaak Street Lax Kw'alaams BC V0V 1H0 Telephone: (250) 625-3293 Fax: (250) 625-3246



Lax Kw'alaams Band 100 1st Ave East Prince Rupert BC V8J 1A6 Telephone: (250) 627-5733

Fax: (250) 627-5933

May 2021

Long Term Education Application

Applicant: _____

Email: If the funding application is incomplete, it will not be reviewed until all the required documentation is received by the Band. The required documentation can be submitted at a later date (when you receive it)				
but the main application must be submitted <i>before the deadline</i> . If later date, you must indicate when they may be available. Fundin documents are provided. The documentation may be sent via email Note: if application is approved, and if applicable, reimbursement for	g will not be l (as an attach	considered until all ument), fax or mail.		
Documentation Check List:	Yes	<u>or</u> date available		
Application package pages 1 to 8 fully completed.				
Acceptance Letter from Institution				
Confirmation of registration				
Course outline from institute				
Other (if applicable) funding source letter (scholarship/bursary etc.)				
Confirmation from the institution of start and completion date				
Status Card Copy (front/back) and spouse / dependents				
Booklist from the institute - required list (not recommended)				
Most recent transcript (from the last institute you attended)				
Direct Deposit information from Financial Institution				

Keep a copy of all the information, including the application package for yourself. Submit before the <u>DEADLINE</u> as <u>LATE</u> applications are not accepted as per policy

	ormation:			
Name:		Birth Date	e :	
				(DD/MM/YY)
Gender: Address:	Male	D 1//	5740	
		CIN.		
Email:			l:	
Marital Status	s: Married: □	Single:□		Common Law: □
Number of de	pendents living wit	th applicant: If non	status, inc	lude copy of birth certificates:
			_	
			_	
		-		
			C	
	Name:			e #:
		Live with parents or		
2 Accommoduti				: Full Time □ Part Time□
Annlicant Em		ino ii ciiipioy		i. I'uli Illiic 🗆 I ait Illiic 🗆
	- •	D Troining DI	·	
Or, receiving o	other benefits WCE	C	·	:
Or, receiving o	other benefits WCE	: Yes □ No□	SA□ etc.	:
Or, receiving o	other benefits WCE	: Yes □ No□	SA□ etc.	
Or, receiving of Are you eligible Spouse Emplo	other benefits WCF le for E.I. Benefits oyed: Yes No	: Yes □ No□ employed	SA□ etc.	:
Or, receiving of Are you eligible Spouse Emplo Or, receiving of	other benefits WCF le for E.I. Benefits yed: Yes No other benefits: WCF	: Yes □ No□ employed CB □Training □ EI	SA□ etc.	: e □ Part Time □
Or, receiving of Are you eligible Spouse Emploon Or, receiving of Have you receiving	other benefits WCF le for E.I. Benefits yed: Yes No other benefits: WC ived funding from	: Yes □ No□ employed CB □Training □ EI	SA□ etc. SA□ time SA□, one Sand pressure.	:

Educational Background Highest level of education achieved: Year Completed: _____ Institute: If less than Grade 12, please indicate courses required to complete Grade 12: _____ Last School Attended: _____ Location: _____ If courses were not completed, please explain: Career Objective: Be specific (examples: obtain primary teaching certificate, obtain Bachelor of Social worker degree, obtain Forestry Diploma, obtain Business Administration diploma, complete Grade 12 and go on to...) It is important that you have this section filled in as it shows that you have a plan and have thoroughly thought out your educational goals: Travel required Yes \square No \square if yes, From: _____ (town/city) Note: If changing a program of studies, please refer to Long Term Post-Secondary Guideline 3.6.4 Changing or Pausing a Program of Study, discuss with Education Coordinator before deadline.

Program & Institute Information

Institute Name:	Institute Code: (Office Use)			
Institute Address:	Phone No.:			
	(Registrar's & Bookstore)			
Fax #:				
Institute Type: College ☐ University ☐ Studying: Full-time ☐ Part-time ☐ Definition: ☐ Full-time 3 courses per term (9 credi	Other its or more)			
Note : For information on what expenses are eligiterised July 22, 2020) page 8 3.5.4 Eligible Expenses	ble, refer to Lax Kw'alaams Local Operating Guidelines nses			
Program/Course Name: Area of Study Code: On-Line: Yes \square No \square In class (one-on-one) Y	es □No □ Blended Online/in class: Yes □No□			
Note: On-line and Web-based/on-line or distant	ce/correspondence courses are eligible for funding			
Qualification sought: Apprenticeship Program College □ Adult Basic Masters □PhD □	Education □ Non-certificate courses □Bachelors □			
Length of Program as specified by the Institutes	: Months:			
or Years Are you presently in the program: Yes \square No \square	If so, what Level (year) of Program:			
Year(s) of sponsorship requested:	(information purposes only).			
June 30 th All new/continuing students before the deadline.	students May – August must apply before the deadline. starting September - April program/courses must apply January – April program/courses must apply before the			
	October instead of September, you still need to start the Oth. Any questions or if you need further clarification, the deadline.			

Post-Secondary / University College Entrance Preparation Program agreement between the Lax Kw'alaams Indian Band and the following student:

Nam	e:	
condit	tudent being funded by the Lax Kw'alaams Indian Band, I respectfully agree to the ions for funding received under the Post-secondary/University College Entrance Prome for the school year from to	eparation
1.	I understand the minimum requirement for <u>full sponsorship</u> is 3 courses (9 credits) semester, for post-secondary education and university college entrance preparation understand that may be eligible for travel, tuition, and books.	-
2.	If funded for <u>part-time sponsorship</u> , less than 3 courses per term, I understand that for tuition and books.	may be eligible. Initial
3.	I understand that I am to send in an official or unofficial transcript at the end of ea email, or fax in order to release my training allowance.	ch semester via Initial
4.	I understand that the training allowance and tuition payment may be put on hold following the end of the semester until transcripts are received.	or the month Initial
5.	I will report : my progress, and if circumstances arise to inhibit my attendance at t institution, to the Lax Kw'alaams Indian Band c/o education coordinator.	he Post-Secondary Initial
	Progress report is due as follows:	
	 Once Per Term - Continuing students who have met the minimum requirement Monthly - New students / Probationary Students - once per month for one term term once per term if you have met the minimum requirements. Monthly - Trades and upgrading students - once a month 	

Each year a schedule will go out stating the progress report due dates

Initial _____

6.	I understand that the minimum standard of success required by me is I will maintain the minimum grade for my level of education as follows:				
•	C Average – C+ Average – B Average –	Diploma Level	l	•	t time & certificate level.
•	B Average –	Bachelor Level/undergraduate level students Masters Level			
•	B Average –	Doctorate Level			
An	ything less than r	nay result in part-	-time funding	(tuition, & books)	Initial
7.	immediately info		n coordinator	of the Lax Kw'alaams	y institution that I must Indian Band and that my Initial
8.		e of officially bet	-	•	derstand that all paperwork nt further billings to the Lax Initial
9.	repay funds to th	ne Lax Kw'alaam ution for tuition, b	s Indian Band	l that has been allocate	y of my actions and agree to ed on my behalf to the postowances for the semester in Initial
10	call will be made without a valid e and that I will pr	e to the institute. excuse. If the absorve to the band the	Training allosence is for me hat I am impr	wance will be suspendedical reasons, I must	ne event of absences, a phone led if absenteeism occurs submit doctor/dentist note(s) & caught up on all my Initial
					(DD/MM/YY)
EFFE	CTIVE FROM:			(DD/MM/YY)	
SIGN	ED:				
	Student's Sign	ature		Education Coordinato	r's Signature
	сору то ѕт	UDENT □			

SIGNATURE PAGE

Applications will only be accepted why years of age up signing, a parent and/o	•		ant is less than 19
By signing this application, I	of_		(address)
located in	(town/city) therefore asse	ert and guarantee, the inforn	nation is accurate
and true. Further, I understand that ar	ny misrepresentation will re	sult in immediate terminati	on of funding,
and that I will not be able to secure fu	rther funding.	In	itial
Further, I,(print Coordinator of any changes to my sta		ding, including changes to	
Further, I,(print name	me) fully understand my obli	gation to myself in pursuing	g my career
goal(s), and to the community of Lax			
privilege, not a right, and I will condu	ict myself accordingly to no		
community.		In	itial
Further, I,(print name documentation, and my application production.		eted without me providing a	
Signed this date(DD/MM/YY)	at :	town/city	
(DD/MM/YY)			
Applicant Name:			
Applicant Signature:			
Witness Name:			
•			
Witness Signature:			
Parent/Legal Guardian Name:			
Parent/Legal Guardian Signature:			
Relationship to Applicant:			
remaining to applicant.			

PERMISSION FOR RELEASE OF INFORMATION

I	(print fu	ull legal name) hereby agree	that Agencies and/o	or Institutions listed
				r, only during my school
	(DD/MM/YY)	to:(DD/MM/YY)		
	College or Univer	rsity I am attending.		
-	_	ations Coordinator		
-	Employment Insu			
-	* •		mass Davidammant/T	Transitions/ACCESS
-	Other possible fur	P/Lax Kw'alaams Busing	ness Development I	. Talismolis/ACCESS
-	•	an Resources (Social As	cictoreo)	
-	•	sation Board (WCB)	sistance)	
_	workers Compens	sation board (WCD)		
Ţ	(nama) herek	ov consent that the Lav	Kw'alaams Rand m	ay also share my relevant
		•		nstitutions during the time
frame noted above.	in regard to my app	prication for funding to	the above funding h	Initial
name noted above.				
ī	(nama) GiVe	permission to be intervi	ewed nhotographed	1 and/or videotaned by
		ated, and consent to the		
		, website, and print new		
Band.	ading social incula	i, website, and print new	sietters on benam o.	Initial
Build.				
Signed this date:		at:		
	(DD/MM/YY)			
Applicant Name:			SIN	
Applicant Signature	·		DOR	
			(MM/DD/Y	Y)
Witness Name:				
Witness Cianatuma				
Witness Signature:				
Parant/Logal Cuard	ion Nomo:			
Parent/Legal Guard	ian Signature:			
Relationship to Appl	licant:			