

Lax Kw'alaams Band Council
 206 Shashaak Street
 Port Simpson, B.C. V0V 1H0
 Phone (250) 625-3293 E231 Fax (250) 625-3246 Email: ed_coordinator@laxband.com

Education Application Form

Applicant: _____
 (Full Legal Name)

Page 1 (Fax or mail in)

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 before the deadline. However, a decision will not be made on your application unless all the required documentation is received. If the documentation is coming in at a later date, you must indicate when they may be available. Funding will not be considered until all documents are provided. The documentation can be sent via email (as an attachment), fax or mail (official transcripts.)

Documentation Check List:

	Yes	No
➤ Application package pages 1 to 8 fully completed	<input type="checkbox"/>	<input type="checkbox"/>
➤ Acceptance Letter from Institution included	<input type="checkbox"/>	<input type="checkbox"/>
➤ Confirmation of registration in courses included	<input type="checkbox"/>	<input type="checkbox"/>
➤ Course outline from institute	<input type="checkbox"/>	<input type="checkbox"/>
➤ Funding source letter (scholarship/bursary, funding agency)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Confirmation from the institution of start and completion date of course(s) or program	<input type="checkbox"/>	<input type="checkbox"/>
➤ Birth Certificates of any dependents & Status Card Copy(front /back)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Book list from the institute	<input type="checkbox"/>	<input type="checkbox"/>
➤ Authorization to release information (WCB, EI, SA, institute) signed by Applicants and witness signature	<input type="checkbox"/>	<input type="checkbox"/>
➤ Most recent transcript (from the last institute you attended)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Direct Deposit information from Financial Institution	<input type="checkbox"/>	<input type="checkbox"/>

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

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**Education Application Form
Page 2 (Fax or email in)**

Application for funding, from: _____ to _____
(Month, Day, Year) (Month, Day, Year)

Tuition Amount: _____ Book Costs: _____

Program & Institute Information:

Institute Name: _____ Institute Code: (Office Use) _____

Institute Address: _____ Phone No.: _____
(Registrar's & Bookstore)

_____ Fax No.: _____
(Registrar's & Bookstores)

Institute Type: College, University, or Other Institutes Studying: Full-time or part-time

Program/Course Name: _____ Area of Study Code: _____

On-Line / Web-Based: Y/N On-line and Web-based courses/programs are not funded. To be eligible to apply, and receive funding, the courses/program must be face to face in the classroom at the institute.

Qualification Sought: (Circle One) Apprenticeship Program, College, Adult Basic Education, Non-certificate courses, or Bachelors

Code: (Office use only _____) College/University Preparation(UCEP), Diploma, University Transfer Program, Courses < 1 year, or Master/PhD

Length of Program as specified by the Institute: _____ Level (year) of Program you are in at the present: _____
Year(s) of sponsorship Requested: _____

Basic Student Information:

Name: _____ Birth Date: _____ (Month / Day / Year)
Full Legal Name

Gender: Male / Female

Address: _____ Band #: 6740 _____

_____ SIN: _____

_____ Phone #: _____

Cell #: _____

Email: _____

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Basic Student Information: con't

Marital Status: Married ____ (Spouse Name: _____) Single ____ Common Law ____

Next of Kin: Name _____ Phone #: _____
Address _____

Accommodation: (Circle) Rental, Live with parents, or Other: _____

Applicant Employed (Circle) Yes / No If employed are you (Circle) Full Time / Part Time

Or, receiving other benefits: WCB/ Training / EI / SA, etc.: (Circle) Yes / No

Are you eligible for E.I. Benefits: (Circle) Yes / No

Spouse Employed or Receiving other Benefits: (Circle) Yes / No

- EI
- Working (full time or part time)
- Training allowance from his/her Band(name: _____) and amount \$ _____
- Other : _____

Have you received funding from the Lax Kw'alaams Band previously? (circle) Yes / No

If yes, when: _____ & What Program: _____

Number of Dependents living with applicant (must be registered with the Lax Kw'alaams Band):

Name(s):	_____	Band #:	_____	Age:	____
	_____	Band #:	_____	Age:	____
	_____	Band #:	_____	Age:	____
	_____	Band #:	_____	Age:	____
	_____	Band #:	_____	Age:	____

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Educational Background:

Highest level of education achieved: ____ Year Completed: ____ Where: _____

If less than Grade 12, please indicate courses required to complete Grade 12

Last School Attended: _____ Location: _____

If courses were not completed, why not?

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. Please note that the Band does not sponsor for someone who is switching from one education path to the next (eg: going from forestry to teaching)

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Page 5 (Please fax or mail in)

**Post-Secondary / Occupation Skills Training Program
agreement between the Lax Kw'alaams Indian Band
and the following student:**

_____ (print name)

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 from _____ (month, day, year) to _____ (month, day year).

1. I understand that the minimum requirement for full sponsorship is that I have to take no less than 3 courses (9 credits) per semester, 3 courses (9 credits) for upgrading to qualify for a monthly training allowance. _____ **Initial**
2. If funded for part-time, I understand that I will be eligible for tuition, and books as set out in the school's calendar. _____ **Initial**
3. I understand that an official transcript is required at the after each semester and mailed to the Lax Kw'alaams Band. I understand that I can send in an unofficial transcripts at the end of each semester via email, or fax in order to release my training allowance and that I will inform the education coordinator that official transcripts are ordered and on the way. _____ **Initial**
4. I understand that the training allowance and tuition payment will be put on hold for the month following the end of the semester until official transcripts are received. _____ **Initial**
5. I will report: my progress, and if circumstances arise to inhibit my attendance at the Post-Secondary institution, to the Lax Kw'alaams Indian Band c/o education coordinator. Progress report is due as follows:
 - Once Per Term - Continuing students who have met the minimum requirements
 - Monthly – Probationary Students – once per month for one term & in second 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**

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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 – High School, Upgrading & Certificate Level
- C+ Average – Diploma Level
- B Average – Bachelor Level
- B+ Average – Masters Level

Anything less than this would result in part-time funding (tuition, & books) _____ **Initial**

7. I understand that in the event of withdrawing from the post-secondary institution that I must immediately inform the education coordinator of the Lax Kw'alaams Indian Band and that my funding will be discontinued in the event this happens. _____ **Initial**

8. In the event of withdrawing from the post-secondary institution, I understand that all paperwork will be taken care of officially before leaving the institution to prevent further billings to the Lax Kw'alaams Indian Band. _____ **Initial**

9. In the event of not informing my sponsor I will take full responsibility of my actions and agree to repay funds to the Lax Kw'alaams Indian Band that has been allocated on my behalf to the post-secondary institution for tuition, books, supplies and any training allowances for the semester in which I withdrew. _____ **Initial**

10. I understand that I must attend classes regularly and be on time. In the event of absences, a phone call will be made to the institute. Training allowance will be suspended if absenteeism occurs without a valid excuse. If the absence is for medical reasons I must submit doctor/dentist note(s) and that I will prove to the band that I am improving my attendance & caught up on all my assignments/quizzes/exams before continuing the training allowance. _____ **Initial**

THIS AGREEMENT SIGNED THIS _____ (Day) Of _____ (Month), _____ (Year)
EFFECTIVE FROM _____ (Month), _____ (Year) TO _____ (Month), _____ (Year)

SIGNED: _____
Student's Signature

Education Coordinator's Signature

COPY TO STUDENT ()

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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. _____ **Initial**

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). _____ **Initial**

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. _____ **Initial**

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. _____ **Initial**

Signed this _____ (day) **of** _____ (month), _____ (year) **at** _____ (place)

Applicant Name: _____ (print name)

Applicant Signature: _____

Witness Name: _____ (print name)

Witness Signature: _____

Parent/Legal Guardian Name: _____ (print name)

Parent/Legal Guardian Signature: _____

Relationship to Applicant: _____

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PERMISSION FOR RELEASE OF INFORMATION

I _____ (print full legal name) hereby agree that Agencies and/or Institutions listed below, may release information to the Lax Kw'alaams Band Education Coordinator, only during my school months from _____ (date: M / D / Y) to _____ (date).

- College or University I am attending
- Institutes: First Nations Access Coordinator
- H.R.D.C. (E.I.)
- HSEDS/TRICORP/Lax Kw'alaams Business Development/Transitions/ACCESS
- Other possible funding sources
- Ministry of Human Resources (Social Assistance)
- Workers Compensation Board (WCB)

I _____ (print name) hereby consent that the Lax Kw'alaams Band may also share my relevant personal information in regards to my application for funding to the above funding institutions during the time frame noted above. _____ **Initial**

I _____ (print name) give permission to be interviewed, photographed, and/or videotaped by the Lax Kw'alaams Band and/or designated, and consent to the use of this material in any public communications, including social media, website and print newsletters on behalf of the Lax Kw'alaams Band. _____ **Initial**

Signed this _____ (day) **of** _____ (Month), _____ (year) **at** _____ (place)

Applicant Name: _____ (print name) **SIN** _____

Applicant Signature: _____ **DOB** _____

Witness Name: _____ (print name)

Witness Signature: _____

Parent/Legal Guardian Name: _____ (print name)

Parent/Legal Guardian Signature: _____

Relationship to Applicant: _____