

Lax Kw'alaams Band
206 Shashaak Street
Port Simpson, B.C. V0V 1H0
Phone: (250) 625-3293 Education Ext 231 Fax: (250) 625-3246
Email: ed_coordinator@laxband.com

Short Term Application
(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)

Student Name: _____

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 \$10,000)**

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

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Basic Student Information:

Name: _____ (legal name) Birth Date: _____ (Month, day, year) Sex: M / F
Address: _____ Phone #: _____ Cell #: _____

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: _____

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

_____ (print full 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 ____/____.

1. I understand that I must attend all the classes and be on time. I realize that this is a short term course / program and that I must attend in order to pass. _____ **Initial**
2. I understand that if I withdraw from the course / program, that I will do all the necessary paperwork with due notice at the institute. Further, I understand that if I do not do all the necessary paperwork to withdraw from the course / program with due notice (eligible for a 100% refund based on the withdraw requirement of the education institution) 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. _____ **Initial**
3. I understand that if I withdraw from my course/program that I must inform the education coordinator. Further, I understand that if I do not inform the education coordinator of withdrawing from my course / program, that I will be responsible for the costs (training allowance, tuition, books supplies, and travel). _____ **Initial**
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. _____ **Initial**
5. I understand that I must submit a copy of my certificate(s) to the Lax Kw'alaams Band when I complete my course/program. _____ **Initial**
6. I understand that I must submit my official transcript to the Lax Kw'alaams Band (when applicable) upon completion of my course / program. _____ **Initial**

Applicant's Name: _____ (print) Date: _____

Applicant's Signature: _____

Parent's Name: _____ (print) Date: _____

Parent's Signature: _____

Witness' Name: _____ (print) Date: _____

Witness' Signature: _____

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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 upon 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) / program. _____ **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 the Agencies and /or Institutions listed below, may release information to the Lax Kw'alaams Band Education Coordinator, only during my school months from _____ (date) 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: _____