

# Tl'azt'en Nation Post-Secondary Support Program Application

P.O Box 2176 Fort St. James B.C, V0J 1P0  
Phone: (250)648-3227 Fax: (250)648-3288

New Applicant____	Grade 12 Graduate____	Previously Funded____
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**Student Information**

Last Name:	Given Name(s):	Band Status #
Maiden Name:		
Birth date:	SIN#:	E-mail address:
Address:	Phone#:	Marital Status:
	Cell#:	Single <input type="checkbox"/> Married <input type="checkbox"/>
	Other #:	Common Law <input type="checkbox"/> Other <input type="checkbox"/>
<p>Source of income, please check all that apply, if it is not identified here please add it below:</p> <p>Employed <input type="checkbox"/> Social Assistance <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Please state _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>		
<p><b>Have you resided in Canada for the past 12 months? YES or NO (circle one)</b></p>		

**Spouse Information**

Last name:	Given name(s):	Status #:
Birth date:	SIN #:	Email Address:
<p>Source of income, please check all that apply, if it is not identified here please add it below:</p> <p>Employed <input type="checkbox"/> Social Assistance <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Please state _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>		

**Dependent Information**

A dependent is a person who is under 19 years of age, relies on the student for support, resides with the student on a full-time basis and the student collects the Child Tax Benefit for that person.

Last Name	Given Name	Date of Birth	Relationship to Applicant

**Education History**

Please include ALL post-secondary institutions attended along with transcripts from each institution. Should you need more space, please attach list.

Secondary school:	
Grade completed:	Year Completed:

GED/Upgrading Institution:	
Program:	Start/finish date:
Certificate/Diploma Attained:	Program Years completed:

College/University:			
Program:	Band Funded:	Please check one of the following:	If completed, check one of the following:
Years attended:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Program applying for**

Institution Name and address:			
Program applying for:	Start/Finish Date of Program:	Total length of program:	Credits needed for program:
Full or Part time:  Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Please check which of the following will be received:  Upgrading <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorial <input type="checkbox"/>	Credits completed to date for program:	
Sponsorship request: Tuition <input type="checkbox"/> Books <input type="checkbox"/> Supplies <input type="checkbox"/> Living Allowance <input type="checkbox"/>			
Does your program require work co-op or practicum placement? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you using above program as pre-requisite to enter another program? If yes, please explain.			

**Bank Information**

Please circle your institute:	Royal Bank	CIBC	Integris Credit Union
Please indicate whether:	Chequing or Saving		
Please provide:	Account #: _____	Transit #: _____	Institution #: _____

**Student Declaration**

<i>I declare that all the information provided on this application to be accurate and true. Any false information given will result in ineligibility for future funding from Tl'azt'en Nation.</i>	
<b>Signature:</b> _____	<b>Date:</b> _____

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**Academic Records Release Form**

TI'azt'en Nation Post-Secondary Support Program funding is conditional upon the applicant signing a release form. This release form permits the program coordinator to obtain information about the sponsored student's registration documents, tuition and textbook invoices, academic transcripts, faculty progress reports and attendance reports.

**Declaration:**

I hereby authorize the TI'azt'en Nation Post-Secondary Support Program Coordinator to request and obtain both verbal and written information pertaining to my registration documents, tuition and textbook invoices, academic transcripts, faculty progress and attendance reports.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**DIRECT DEPOSIT APPLICATION**

I \_\_\_\_\_ hereby authorize TI'azt'en Nation Post-Secondary  
**PRINT FULL NAME**  
Support Program through \_\_\_\_\_ to make deposits  
**BANK INSTITUTION NAME**  
to my chequing/savings account. I will advise you of any changes in this  
regards and the authorization to remain in effect until any changes or  
cancellations to my financial account. I will therefore advise you in writing of  
any changes.

\_\_\_\_\_  
**STUDENT SIGNATURE**

**FINANCIAL INSTITUTION**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_  
(Usually 7 digits or more)

Branch #: \_\_\_\_\_  
(Usually 5 digits)

Institution #: \_\_\_\_\_  
(Usually 3 digits)

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**Social Assistance Confirmation of Sponsorship Form**

**Student Information**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

SIN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Spouse Information**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

SIN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

The student and spouse authorize the TI'azt'en Nation Post-Secondary Support Program Coordinator to release financial support and funding information to the Ministry of Social Development office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation of Funding**

This is to confirm the above mentioned student is being financially supported through the TI'azt'en Nation Post-Secondary Support Program.

**TO BE COMPLETED BY POST-SECONDARY COORDINATOR**

Program Start Date: \_\_\_\_\_

Program End Date: \_\_\_\_\_

Monthly Living Allowance Amount: \_\_\_\_\_

P.S Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Employment Insurance Confirmation of Sponsorship Form**

**Student Information**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

SIN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Spouse Information**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

SIN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

The student and spouse authorize the TI'azt'en Nation Post-Secondary Support Program Coordinator to release financial support and funding information to the Service Canada/HRDC office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation of Funding**

This is to confirm the above mentioned student is being financially supported through the TI'azt'en Nation Post-Secondary Support Program.

**TO BE COMPLETED BY POST-SECONDARY COORDINATOR**

Program Start Date: \_\_\_\_\_

Program End Date: \_\_\_\_\_

Monthly Living Allowance Amount: \_\_\_\_\_

P.S Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Application Checklist:**  
(Only completed applications will be reviewed)

- completely filled out and signed application form
- Signed academic records release form
- Direct deposit application
- Social assistance confirmation of sponsorship form
- Employment insurance confirmation of sponsorship form
- Prior secondary & post-secondary academic transcripts  
(official transcripts please)
- Bank information or void cheque
- Personal Statement detailing your academic and career plans
- Program information consisting of:
  - program outline
  - course schedule
  - tuition & textbook costs
- Acceptance letter
- Registration Statement (courses registered in)

**FOR OFFICE USE ONLY**

Date Application Received:			
Date Application Reviewed:			
Intake Approved For:			
Status Application:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Deferred <input type="checkbox"/>