



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



Student Information			
New Applicant <input type="checkbox"/>		Grade 12 Graduate <input type="checkbox"/>	
Previously Funded <input type="checkbox"/>			
Last Name:		Given Name(s):	
Maiden Name:		Band Status#	
Birthdate: M/D/Y		SIN #:	
E-Mail Address:			
Address:			
Phone #:		Cell #:	
Other #:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/>			
Source of income, please check all that apply, if it is not identified here please add it below:			
Employed <input type="checkbox"/>		Social Assistance <input type="checkbox"/>	
Employment Insurance <input type="checkbox"/>		Other <input type="checkbox"/>	
Please state: _____			
Comments: _____			

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

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 of 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: Yes

Years attended:

 No

Please check one of the following:

Successful Failed Withdrew Other

If completed, check one of the following:

Upgrading Certificate Diploma Bachelor Master Doctorial

Program Information

Institution Name and Address:		
Program Applying for:		Full – Time <input type="checkbox"/> Part – Time <input type="checkbox"/>
Length of Program:	Start Date:	End Date:
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"/>		
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? If yes, please explain.		
Are you using above program as pre-requisite to enter another program? If yes, please explain.		

Bank Information

Please check your institute:	Royal Bank <input type="checkbox"/>	Integris Credit Union <input type="checkbox"/>	
Please indicate whether:	Chequing <input type="checkbox"/>	Saving <input type="checkbox"/>	
Please provide:	Account #:	Transit #:	Institution #:

Student Declaration

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.

Signature: _____ Date: _____



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Academic Records Release Form

Tl'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 students registration documents, tuition and textbook invoices, academic transcripts, faculty progress reports and attendance reports.

Declaration:

I hereby authorize the Tl'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 Tl'azt'en Nation Post-

PRINT FULL NAME

Secondary Support Program through _____

BANK INSTITUTION NAME

to make deposits to my chequing/savings account. I will advise you of any changes in this regard and the authorization to remain in effect until any changes or cancellations to my financial account. I will therefor 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
<i>This is to confirm the above mentioned student is being financially supported through the TI'az'en Nation Post-Secondary Support Program.</i>

TO BE COMPLETED BY POST-SECONDARY CORDINATOR	
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'az'en Nation Post-Secondary Support Program.

TO BE COMPLETED BY POST-SECONDARY CORDINATOR

Program Start Date:	
Program End Date:	
Monthly Living Allowance Amount:	

P.S. Coordinator Signature: _____ Date: _____



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Personal Statement Template

Date:

Name

Mailing Address

City, Province

Postal Code

To: Tl'azt'en Nation Post-Secondary Coordinator & Education Advisory Committee

Introduce yourself; brief history, parents, and grandparents on both sides. Detail list of plans such as what program you want to take, where it is located, and the start/end dates. Be sure to include your educational goals/plans after the completion of your program. Ex., completed Academic Upgrading to enter a certificate program. State exactly what you are requesting by way of funding, full-time sponsorship (living allowance, tuition, books, supplies, travel) or part-time sponsorship (tuition, books and supplies only).

If you have already completed your application be sure to include all required documents, add anything else that you think may persuade the coordinator and committee to choose you as our sponsored student such as, career goals that you have, any hardships you have endured, or why this program would be beneficial to your future plans.

Thank you for taking the time to review my application and I look forward to your response.

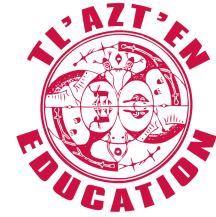
Sincerely,

(Sign your name here)

Name of applicant



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

Completely filled out and signed application form	<input type="checkbox"/>
Signed Academic Records Release Form	<input type="checkbox"/>
Direct Deposit Application	<input type="checkbox"/>
Social Assistance Confirmation of Sponsorship Form	<input type="checkbox"/>
Employment Insurance Confirmation of Sponsorship Form	<input type="checkbox"/>
Prior Secondary & Post-Secondary Academic Transcripts (official transcripts please)	<input type="checkbox"/>
Bank Information or Void Cheque	<input type="checkbox"/>
Personal Statement Detailing Your Academic and Career Plans	<input type="checkbox"/>
Program information consisting of <ul style="list-style-type: none"> • Program outline • Course schedule • Tuition & textbook costs 	<input type="checkbox"/>
Acceptance Letter	<input type="checkbox"/>
Registration statement (course registered in)	<input type="checkbox"/>

Office Use Only			
Date Application Received:			
Date Application Reviewed:			
Status Application:	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	DEFERRED <input type="checkbox"/>