



Appendix A

TL'ETINQOX-T'IN GOVERNMENT OFFICE POST SECONDARY EDUCATION SPONSORSHIP APPLICATION

DATE: _____

PERSONAL INFORMATION:

NAME: _____
Last Name First Name

BAND NUMBER: _____ DATE OF BIRTH: _____
(month/day/year)

ADDRESS: _____

PHONE #: _____ EMAIL: _____

STATUS: Single Married Common Law

DEPENDENTS: Yes No If yes, how many _____

IF APPLICABLE:

NAMES AND DATES OF BIRTHS OF DEPENDENTS:

1. _____
2. _____
3. _____
4. _____

**NOTE YOU MUST ATTACH PHOTOCOPIES OF DEPENDENTS CARECARDS AND/OR BIRTH CERTIFICATES TO YOUR APPLICATION*

GRADUATED: YES NO HIGHSCHOOL: _____ YEAR: _____

POST SECONDARY INFORMATION:

Did you apply for Post Secondary Funding in previous years? Yes No If yes, year _____

PREVIOUS EDUCATION AND TRAINING

Institute Name	Program	Date

EDUCATIONAL PLAN AND CAREER GOAL

Name of Educational Institution applying to: _____

Location: _____

Academic Advisor Name and Ph No : _____

Intended Start Date: _____

Expected Graduated Date: _____

Program Type

- Certificate
 Diploma
 Bachelor
 Master's
 Doctorate

Please list your planned course load (first semester to last semester of program type)

Semester 1				
Semester 2				
Semester 3				
Semester 4				
Semester 5				
Semester 6				
Semester 7				

Semester 8				;
Semester 9				
Semester 10				

CHIECKLIST OF DOCUMENTS REQUIRED:

- HIGHSCHOOL TRANSCRIPT
- OFFICIAL TRANSCRIPT FROM PREVIOUS 2 YEARS
- ACCEPTANCE LETTER FROM INSTITUTION
- LETTER OF REGISTRATION WITH COURSE OUTLINE AND FEES
- 1 PAGE LETTER OUTLINING EDUCATION AND CAREER GOALS AND IDENTIFY HOW YOU ARE GOING TO INVEST YOUR EDUCATION BACK INTO THE COMMUNITY OF TL'ETINQOX.
- 4 YEAR EDUCATION PLAN WITH CAREER FOCUS SIGNED BY 1 PAGE LETTER OUTLINING EDUCATION AND CAREER GOALS AND IDENTIFY HOW YOU ARE GOING TO INVEST YOUR EDUCATION BACK INTO THE COMMUNITY OF TL'ETINQOX.

TL'ETINQOX-T'IN POST SECONDARY REQUIRED TERMS FOR SPONSORSHIP:

In agreeing to the following terms, the Tl'etinqox-t'in Government Office has the right to disapprove/suspend/discontinue funding shall the students fail to meet the following requirements.

1. The student must fully complete the application for sponsorship with the required documents.
2. The student agrees to notify the Tl'etinqox-t'in Education Department immediately of any changes in personal or program information.
3. The student agrees to attend class on a regular basis; unexplained absences could result in discontinuation of funding.
4. The student agrees to enroll in a minimum of four (4) courses.

5. The student agrees to submit a signed mid-semester evaluation form for each course, until the Fall or Winter transcripts are made available. It is recommended that students maintain a C+ 2.33 average or higher. (Grading varies depending on institutions).
6. The student must pass all of their courses; failures will affect sponsorship and may require repayment of sponsorship.
7. The student is required to submit transcripts each semester, if they are not received, sponsorship cheques will be held.

I understand and agree to the above 7 sponsorship terms. I understand that should I fail to meet these terms may result in suspension or discontinuation of sponsorship.

STUDENT NAME: _____

DATE: _____

Student Signature

STUDENT DECLARATION:

I hereby understand and agree to terms outlined in the application for post secondary education assistance for the duration indicated. I declare that the information provided in this application is accurate. I understand that by providing false information, misrepresentation of information or failure to the terms of sponsorship may result in a discontinuation of sponsorship or refusal for future assistance.

I hereby understand that if I misuse Band Education funding under false pretenses, I will be reliable for the repayment of educational funds.

SIGNATURE: _____ **DATE:** _____

Oath of Confidentiality

I, _____ as the Education Coordinator of the Tl'etinqox-t'in Government Office, do hereby swear that all information received about the above named student will be kept in the strictest of confidence. I fully understand the implications of releasing information about the above named student to any source other than those discussed with the student.

Education Coordinator, Signature

Date (year/month/day)