



**LOWER NICOLA INDIAN BAND
POST-SECONDARY FUNDING APPLICATION**

Academic Year _____ / _____

APPLICANT CHECKLIST AND STUDENT FOLLOW UP FORMS

APPENDIX 5

Post-Secondary Education funding applications **MUST** include the following:

Please be advised, when applicable, applicants will be requested to seek alternative funding.

Name of Applicant: _____

Date: _____

Applicant Check List:

		Office use only ↓	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	Cont. Student Required Yearly
Appendix 6 Post-Secondary Funding Application					Yes
Appendix 7 Education Planner (Course Plan)					Yes
Appendix 8 Student Waiver Form					Yes
Appendix 9 Student Funding Contract					Yes
Appendix 11 Banking Information (Void Check or Direct Deposit <i>stamped</i> by Bank)					On File
Letter of Acceptance from University/College (Institution)					Yes
Letter of Intent	(includes goals for PSE studies and career plans)				On File
Tuition & Book Costs (Request from attending institution)					Yes
Letter of Recommendation (individual is not a family member)					On File
Transcripts from all education institutions attended					Yes
A copy of Status Card (Front and back) to confirm LNIB membership					On File

Funded Student Follow Up: (FOR OFFICE USE ONLY)

Sponsorship Letter to Student	Yes	No	On File
Sponsorship Letter to Educational Institute	Yes	No	On File

COMMENTS:



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POST-SECONDARY FUNDING APPLICATION**

FUNDING APPLICATION FORM

APPENDIX 6

(OFFICE USE)

Date Received:		Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	New Student: <input type="checkbox"/>		
Application Completed on:			Continuing: <input type="checkbox"/>		
Date Approved:			Grade 12 Grad: <input type="checkbox"/>		
*** Please fill in all sections, incomplete applications will cause delay ***					
APPLICANT'S PERSONAL INFORMATION (Please Print Clearly)					
Name:		Phone: ()	Mobile: ()		
Status #:		Date of Birth:	Email:		
Mailing Address:				Postal Code:	
IMMEDIATELY INFORM THE EDUCATION PROGRAM DEPT OF ANY CHANGES TO YOUR ADDRESS					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single Parent			# of minor children living with you:		
Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, EI <input type="checkbox"/> SA <input type="checkbox"/> Contact #: ()					
Name of Dependents:		Age	Name of Dependents:		
1			2		
3			4		
5			6		
PREVIOUS EDUCATION (Please Print Clearly)					
Type of School	Name of institution	Location	Program	Year of completion	Credential / Qualification
High School					
Community College					
Technical College					
University					
Other (Specify)					
Previously Sponsored by LNIB? <input type="checkbox"/> Yes <input type="checkbox"/> No Date & Program: # of years completed:					
PROGRAM INFORMATION (Please Print Clearly)					
Name of Post-secondary Institute:			Program entering into:		
Address of Post-secondary Institute:				Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Fax Number of the Registrar/Admissions: ()			Length of Program: Yrs	Mos	
Name of Academic Advisor:			Phone Number:()		
Qualifications Sought: Credits <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Qualifying Year <input type="checkbox"/> Other <input type="checkbox"/>					
Start Date of Program:		End Date of Entire Program:		Currently in Year: 1 2 3 4 5	
Taking a Practicum this Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date: End date:					
Do you require Summer Funding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date:					



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STUDENT EDUCATION PLANNER

APPENDIX 7

Fall	Credits	Winter/Spring	Credits	Summer	Credits
1)		1)		1)	
2)		2)		2)	
3)		3)		3)	
4)		4)		4)	
5)		5)		5)	
6)		6)		6)	

Note: Full-Time Equivalency as in the policy of the attending institution (typically 3 courses or 9 credits per semester).
A complete application **MUST** include summer courses. Approval of summer courses dependent on available funding.

STUDENT WAIVER FORM

APPENDIX 8

Student Name:	Phone Number:
Mailing Address:	Postal Code:
School Name:	Student Number:

I, _____ hereby authorize _____ to give the Lower Nicola Indian Band Education Department information regarding my attendance, transcripts, schedules and any other pertinent information related to my Education while attending your institution. This waiver will include _____ semester(s), and Summer Semester if applicable, for the _____ academic year.

The information will be kept confidential and will be used to make decisions for my benefit.

Student Signature

Date

Education Department Signature

Date



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STUDENT FUNDING CONTRACT

APPENDIX 9

The Lower Nicola Indian Band is pleased to assist you with your Education.

With sponsorship, comes responsibilities and requirements that the student must agree to before funding will be approved.

Please read carefully and initial on each line to confirm you understand each of the Student Responsibilities:

- _____ 1) To attend classes on a regular bases as continuing absences could result in failure and funding being terminated or suspended.
- _____ 2) To successfully complete all sponsored courses and programs
- _____ 3) To submit your time table within the first 30 days of your term/semester.
- _____ 4) To submit a transcript of marks for completed courses according to the Schedule below
 - ▶ For the fall term-by January 31st
 - ▶ For the winter term-by May 31st
 - ▶ For the spring/summer term- by September 31st
- _____ 5) To notify the Education Manager in writing of any changes to courses, financial institutions, educational goal, address(mailing or residential) and telephone numbers.
- _____ 6) To have read and understood the Post Secondary funding Policy, that is attached with this application.
- _____ 7) To repay funds to LNIB in respect to tuition and living allowances received for periods when the student was not attending full-time, has withdrawn from studies(late withdrawals), and for failed courses.

NOTE: Where fraudulent action is suspected, the Education Department will report details to the Royal Canadian Mounted Police(R.C.M.P

I, _____ have read and understand the Student Responsibilities listed above, and I agree to these conditions and requirements. I further understand that failure to fulfill them could result in funding termination or suspension.

Student Signature

Date

Education Department Signature

Date



LOWER NICOLA INDIAN BAND
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STUDENT NOTICE OF APPEAL

APPENDIX 10

NOTE: to be used for appeal process only.

Student Name: _____

Address: _____

Program: _____ Location: _____

Year: _____ Phone(home): _____ (work): _____

Please provide a brief statement explaining the reason(s) to seek an appeal.

Date notified of decision: _____

Grounds for appeal: _____

The specific reason(s) why the decision should be changed _____

Support Person selected for Appeal Committee: _____ Phone: _____

Student Signature: _____ Date: _____

For Education Department use

Appeals Committee-Date of Hearing: _____

Comments: _____



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STUDENT DIRECT DEPOSIT INFORMATION

APPENDIX 11

All full-time students, will have approved monthly living allowance, books and supplies assistance directly deposited into the bank account the Education Department has on file.

To avoid delays in the payment process, please provide a Direct Deposit Form from your online banking or a form provided by your Financial Institution.

APPLICANT INFORMATION (Please print clearly)

Student Name:	Date:
Band Number:	Phone Number: ()
Mailing Address:	Postal Code:

*****IF YOU HAVE A CHEQUING ACCOUNT*****

*****PLEASE ATTACH A VOID CHEQUE *****



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POST-SECONDARY FUNDING APPLICATION

STUDENT TRAVEL SUPPORT APPLICATION

APPENDIX 12

Full-time students living away from the LNIB community, and outside of the Nicola Valley, may be eligible for reimbursement of travel costs (receipts required). This assistance is dependent on available funds, and is limited to a maximum of \$350.00 per academic year, as stated in the Education Policy. Workshops and/or seminars must be accompanied by a letter from the attending institution, signed by the course instructor or head of the program department, verifying the trip is a mandatory part of the curriculum.

Name: _____ Date: _____

Workshop/Seminar Only

Purpose of Meeting: _____

Location of Meeting/Conference: _____

Date of Application: _____ Date of Function: _____

ACCOMMODATIONS:

of nights _____ X daily rate = _____

In the event of accommodation in a private residence, students may claim \$20.00 per night.

MEALS: Breakfast _____ X \$ 10.00 = _____
Lunch _____ X \$ 10.00 = _____
Dinner _____ X \$ 20.00 = _____

MILEAGE: Total Kms _____ X \$ 0.25 = _____

FERRY: _____ X \$ _____ = _____

Air fare _____ X \$ _____ = _____

BUS FARE: _____ X \$ _____ = _____

TOTAL AMOUNT REQUESTED (to a maximum of \$350.00 per academic year) \$ _____

I certify that the amounts included in this application will be incurred for the purpose stated.

I understand that this is an allowance only, and it is my responsibility to hand in all receipts within 30 days.

Student Signature: _____ Approval Signature: _____



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GRADUATION ASSISTANCE APPLICATION

APPENDIX 13

As stated in the Education Policy, the Education Department accepts requests for Graduation Assistance. Assistance must be requested one month prior to Convocation Ceremonies. Proof of Graduation must be submitted (ie. Transcripts, valid diploma or certificate, etc). The set out amounts, as stated in the Education Policy are as follows:

<i>Certificate or 1 year program</i>	\$200.00	<i>Diploma or 2 year program</i>	\$350.00
<i>Degree or 4 year program</i>	\$500.00	<i>Masters Program</i>	\$750.00
<i>Doctorate Program</i>	\$1,000.00		

Name:	Date of Application:
Purpose of Request:	
Amount Requesting:	
Approved for Funding:	Amount Approved For:
Approved by::	Date Approved:



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POST-SECONDARY FUNDING APPLICATION

TUTORING ASSISTANCE APPLICATION

APPENDIX 14

As stated in the Education Policy, the Education Department accepts applications for funding support to assist full-time students in need of a tutor.
The Education Department will provide support up to a maximum of \$1,000.00 per academic year (2 semesters). Please direct the tutor to invoice LNIB Education directly.

Name:	Date of Application:
Institution:	
Course:	Instructor:
Name of Tutor:	Tutor Phone Number:
Tutor email:	
Approved for Funding by:	Date:

To support this request, the student will fit the criteria in 2 following statements.

- The Instructor or Academic Advisor recommends that the student undertake the Tutorial Assistance described above to overcome areas of academic weakness
- The student has exhausted all available services offered by the attending institution and is requesting Tutorial Assistance to overcome areas of academic weakness and maintain his/her academic levels of commitment.

Signatures:

Tutor: _____

Date: _____

Student: _____

Date: _____

Education Department: _____

Date: _____

Institution Advisor/Instructor: _____

Date: _____