



# CHESLATTA CARRIER NATION

## Post-Secondary Assistance Program

### Application for Sponsorship

In addition to competing this application, you are responsible for submitting various supporting documents at your expense. Sponsorship is highly competitive and students must re-apply for each year for sponsorship. Applicants will be notified of their sponsorship status within three weeks of the appropriate deadline.

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#### I. Personal Information

Last Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Message: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Band Number: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_ Branch/ Transit #: \_\_\_\_\_

Status: Single/ Married/ Common Law

Is your spouse employed? Yes No N/A

In – Residence Dependent(s) Name(s):

Age and Birth date(s):

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\_\_\_\_\_

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#### II. Program Information

Program Name: \_\_\_\_\_

Co-op/ Placement/ Practicum? Y N

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

Completion Date: \_\_\_\_\_

#### Program Type

College: Certificate \_\_\_\_\_

Diploma \_\_\_\_\_

University: Bachelor of: \_\_\_\_\_

Master of: \_\_\_\_\_

PhD: \_\_\_\_\_

Other: \_\_\_\_\_

Post –Secondary Name: \_\_\_\_\_

Post- Secondary Address: \_\_\_\_\_

Post- Secondary Phone #: \_\_\_\_\_ Post-Secondary Fax #: \_\_\_\_\_

Please outline (**or attach**) your academic educational plan for studies, including program structure and courses.

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**\*Mandatory** – Please attach an official letter of acceptance and confirmation of registration from school you plan on attending.

(Or awaiting Response \_\_\_\_\_ Expected date of notification \_\_\_\_\_)

**Please attach a list of all corresponding program fees, as outlined in the academic calendar of the post-secondary institution. Also include a budget of expected expenditures (see attached form).**

### III. Academic History

Please list all previous training and education:

Not applicable to ongoing students (for new applicants only)

School name	Location	Dates attended From: To:	Achievement Obtained/year	Sponsored by CCN?

**\*Mandatory- Please attach official transcript (or an official letter of grades) for each school attended.**  
You are responsible for transcript costs. Check with Education Director if you are unsure.

Have any schools ever placed you on academic position?    Y    N

If so, please give a brief explanation and year:

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Has Cheslatta Carrier Nation ever placed you on sponsorship probation?    Y    N

If so, please give a brief explanation and year:

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### **I.V. Background Information**

Please check the steps you have already taken to attend your program of choice:

- Research the program (school, structure, dates, fees, location, etc.)
- Applied to program
- Spoken to an education/ academic advisor
- Completed an academic plan
- Completed education application
- Completed pre-requisite course (upgrading, program entry courses, etc.)
- Partial completion of program
- Completed associated program: certificate/diploma/professional train/degree
- Other: \_\_\_\_\_

Please describe your reasons for choosing this program:

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Please list all other sources of funding you have looked into, including Bursaries and Scholarships:

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## VI. Post-Secondary Terms of Sponsorship

Cheslatta Carrier Nation's terms of sponsorship must be understood and agreed to by the student before funding can be approved. The terms are:

1. The student must fully complete the application for sponsorship, including the provision of all supporting documentation and information release forms according to application deadlines.
2. The student agrees to immediately notify Cheslatta Carrier Nation Education Department of any changes in personal or program information.
3. The student agrees to attend class on a regular basis; continued absences for anything other than medical, illness or family emergency, will result in program failure and cancelled sponsorship.
4. Students must agree to maintain a minimum of a **B** average in all courses to ensure continued sponsorship. Marks less than a **B** average will result in suspended living allowances, until such time as student demonstrates improved **B** average marks.
5. The student agrees to maintain full-time status at the attending institution. (Check program calendar for course load specifics). If a course is dropped, the student must inform the Cheslatta Carrier Nation Education Director immediately. (This could result in cancellation sponsorship).
6. The student agrees to complete all sponsored courses, practicums and programs in the time allotted as a full time student. College preparation will be funded for one term only, should all other avenues of funding be denied.
7. The student agrees to submit a signed mid semester evaluation form for each course, as soon as grades are available. (See attached mid semester evaluation form).
8. The student acknowledges application deadlines:
  - September/Fall Term by June 1
  - January/Winter Term by October 1
  - May/Summer Term by March 1
9. The student must submit, at their expense, an official transcript of grades for completed courses:
  - September- December grades by January 31
  - January- April grades by May 15
  - May- June grades by July 15
  - July-August grades by September 15

\*Sponsorship cheques will be held after these dates until **official** transcripts are received.

10. The student agrees to submit a summary of each semester for their student file.
11. Graduating students agree to submit a color photocopy of their certificate, diploma, degree or any other document of recognition for student file and display at the Cheslatta Carrier Nation band office.
12. The student agrees to apply for sponsorship on an annual basis.

I understand and agree to the sponsorship terms outlined above. I understand that failure to meet these terms and requirements will result in suspended or canceled sponsorship.

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Signature

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Date

## VII. Student Declaration

I hereby apply for educational sponsorship under the post-secondary student assistance program for the period indicated. I declare that the information contained in this application for sponsorship is accurate to the best of my knowledge. I understand that the falsification and misrepresentation of information, or the failure to abide by the terms of sponsorship will result in the discontinuation of sponsorship and/ or refusal for future financial assistance.

I also understand that should I receive financial assistance under a false pretense, I will be liable for the repayment of such funds. I agree to provide proof of registration at the beginning of each term and to report any changes in program status immediately. \*Violation of these terms will prohibit eligibility for any future sponsorship.

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Applicants signature

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Date

## VIII. Application Checklist

Please submit this completed checklist and the supporting documents with your application.

- Completed Application Form
- Signed and dated Terms of sponsorship/Student Declaration
- Signed and dated Student Information Release Form
- Letter of Acceptance/ Confirmation of Registration (OR Expected date of notification \_\_\_\_\_)
- List of program fees
- Official Transcripts from all schools attended (OR on file \_\_\_\_\_)
- Education plan (if separate from application)
- Autobiographical sketch (If separate from application)
- Letter of intent (Masters and PhD students only)
- Résumé (Masters and PhD students only)

Thank you, for applying to the Cheslatta Carrier Nation Education Department for financial assistance. Although we make every effort to assist all students with sponsorship, funding is extremely limited. Students are selected based on the quality of applications, and order of receipt of applications at the Cheslatta Carrier Nation band office. We encourage all students to apply early for sponsorship, as well as for additional funding from other sources. If you have any questions or difficulty with the process of your application, please contact the Cheslatta Carrier Nation Education Director for assistance.

\*All sponsorship is subject to availability of funding.



Cheslatta Carrier Nation  
Box 909  
Burns Lake, B.C  
V0J 1E0  
Phone: (250) 694-3334  
Fax: (250) 694-3632

Student Information Release Form

Student Name: \_\_\_\_\_

Institution Name: \_\_\_\_\_

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

I hereby authorize Cheslatta Carrier Nation's Education Director, Lynda Maertz, to obtain student information regarding my academic status and any other pertinent student information. I authorise the Cheslatta Carrier Nation Education Director to contact appropriate school officials for copies of my records and status as needed.

\_\_\_\_\_

Student signature

\_\_\_\_\_

Date