



Appendix 1

APPLICANT CHECKLIST AND STUDENT FOLLOW UP FORMS

With your initial application, in order to be considered for Post-Secondary funding. All students **MUST** provide the Lower Nicola Indian Band Education with copies of the following:

Name of Applicant: _____

Date: _____

Applicant Check List:

	Office use only ↓	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
Appendix 2 Post-Secondary Funding Application			
Appendix 3 Education Planner			
Appendix 4 Student Waiver Form			
Appendix 5 Student Funding Contract			
Appendix 6 Student & Spouse Financial Disclosure			
Appendix 7 Post-Secondary Responsibility Check List			
Appendix 9 Voided Check or Direct Deposit stamped from Bank			
Letter of Acceptance from University/College (Institution)			
Letter of Intent (Must be done yearly by applicant)			
Tuition & Book Costs			
Letter of Recommendation (Applicable to 1st time/new applicants only)			
Labour Market Information - Please go to: www.workbc.ca and click on Explore Careers & Industry. (Attach info) This is information about the career you have chosen. Please do not submit job postings.			
All Recent Transcripts prior to date of Application			
A copy of your Status Card - Front and back			

Funded Student Follow Up: OFFICE USE

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



Appendix 2

**Lower Nicola Indian Band
2017-2018 Post-Secondary Funding Application**

Date Received:	New Student: <input type="checkbox"/>	**** Please answer all questions, an incomplete form delays processing****
Application Completed:	Continuing: <input type="checkbox"/>	
Date Approved:	Grade 12 Grad: <input type="checkbox"/>	

APPLICANT'S PERSONAL INFORMATION (Please Print Clearly)

Name:	Phone No: ()	Email:
Band No.	Date of Birth:	S.I.N. #.:
Mailing Address:	On Off Reserve	

IF THIS ADDRESS CHANGES WHILE ATTENDING SCHOOL, YOU MUST INFORM THE EDUCATION DEPARTMENT OF YOUR NEW ADDRESS

Have you lived in Canada for at least one year prior to your initial application? Yes No N/A

Marital Status: Single Married Common Law Single Parent

Does your Spouse work? Yes No If yes, include your Spouse in **Appendix 6**

Dependents:	Name	Age	Name	Age
1			2	
3			4	
5			6	

PREVIOUS EDUCATION (Please Print Clearly)

School/ Training	Name	Location	Program	Year Completed	Received a Cert., Diploma / Degree
High School					
Community College					
Technical College					
University					
Other (Specify)					

PROGRAM INFORMATION (Please Print Clearly)

Name of College/University you are attending: _____ Program entering into: _____

Address of College/University: _____ Full Time Part Time

Fax Number of the Registrar/Admissions: () _____ Number of Years in Program: _____

Name of Academic Advisor: _____ Phone Number:() _____

Qualifications Sought:

Credits Certificate Diploma Degree Qualifying Year Other

Previously Sponsored by LNIB? Yes No Date & Program _____ Total # of Years _____

Start Date of Program: _____ End Date of Entire Program: _____ Currently in Year? _____

Taking a Practicum this Year? Yes No From _____ To _____

Do you require Summer Funding? Yes No If yes, which summer _____



Appendix 3

STUDENT EDUCATION PLANNER

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: Students are expected to take a MINIMUM of 3 courses or 9 credits per semester.

Permission: is needed at the application period ONLY, to take any summer courses. They may or may not be granted, it depends on the situation and funding availability.

Appendix 4

STUDENT WAIVER FORM

Student Name:		Phone Number:
School Name:	Student Number	S.I.N Number
Mailing Address:		Postal Code:

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) for the _____ academic year. The obtained information will be kept confidential and will be used to make decisions for my benefit

Student Signature

Date

LNIB Education Department Signature

Date



Appendix 5

STUDENT FUNDING CONTRACT

The Lower Nicola Indian Band is pleased to assist you with your Education. With sponsorship, come responsibilities and requirements that the student must agree to before funding can be approved.

Student Responsibilities:

- 1) To attend classes on a regular bases as continuing absences could result in failure and funding being suspended.
- 2) To 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 in course, financial institutions, educational goal, address(mailing or residential) and telephone number changes.
- 6) To have read and understood the Post Secondary funding Policy, that is attached with this application.
- 7) The Education Department; Lower Nicola Indian Band will take action to reclaim funds from the student in respect to tuition and living allowances for periods of assistance when the student has withdrawn from studies(late withdrawals). Students are expected to pay for courses failed, where fraudulent action is suspected, the Education Department; Lower Nicola Indian Band will report details to the Royal Canadian Mounted Police(R.C.M.P).

I, _____ have read and understood all of the above and agree to these conditions and requirement and I further understand that failure to fulfill them could result in funding to be suspended.

Student Signature

Date

LNIB Education Dept. Signature

Date



Appendix 6

STUDENT & SPOUSE FINANCIAL DISCLOSURE

Monthly Income	Applicant				Spouse & Dependent(s)			
	Yes	No	Amount	Date Received	Yes	No	Amount	Date Received
Wages- Including Severance and Holiday Pay			\$				\$	
Pensions			\$				\$	
Workers Compensation			\$				\$	
Education or Training Allowance			\$				\$	
Band Distribution			\$				\$	
Rental and Land Lease			\$				\$	
Family Support payment			\$				\$	
Other Income			\$				\$	
Lump Sum Payment or Settlement within past year			\$				\$	
Total Earnings Over The Past 12 Months			\$	_____			\$	_____

I declare and affirm that the information provided by me on this application form is completed and correct and is given in order to substantiate my entitlement to living allowance, I agree to advise the Education Department on any changes in my financial status, income, marital status, family size, or other circumstances that may affect my eligibility for Living Allowance. I further consent to the Education department disclosing any information in the application, and further consent to any such source or any such report agency. In order to verify or confirm the order that is can verify or confirm the information in this application.

Student Signature

Date

Signature of Witness

Date

Information Contained in the application has been verified by:

LNIB Education Dept. Signature

Date



Appendix 7

STUDENT RESPONSIBILITIES CHECK LIST

Please complete in full prior to submitting application:

<p><u>I WILL NOTIFY the LNIB Education Department immediately upon the date of my withdrawal of any course(s)/programs(s) sponsored by the LNIB Education Department by written notice.</u></p>	<p>Initial:</p>	
<p>I WILL PROVIDE the LNIB Education Department with a copy of my recent transcripts within four weeks of completion of each semester or as soon as they become available.</p>	<p>Initial:</p>	
<p>Living Allowance may be withheld if Attendance forms are not received by the 15th of each month</p>	<p>Initial:</p>	
<p>I HAVE READ AND UNDERSTAND the LNIB Education Policy and Application in its entirety. I also verify that all information provided in this application is true to the best of my knowledge.</p>	<p>Initial:</p>	

<p>Signature of Applicant:</p>	<p>Date :</p>
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Appendix 8

STUDENT NOTICE OF APPEAL

NOTE: Appendix 8 to be used for appeal notice only.

Student Name: _____

Address: _____

Program: _____ Location: _____

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

Please provide a brief statement outlining the decision that was made or not made significantly affects your education.

Date you were informed of the decision: _____

The situation: _____

Grounds for appeal: _____

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

Person selected for the appeal committee: _____ **Phone:** _____

Student Signature

Date

For Education Department use-Appeals Committee-Date of Hearing _____



Appendix 9

STUDENT DIRECT DEPOSIT INFORMATION

All successful applicants will have their monthly living allowance, books and supplies assistance directly deposited into their bank accounts. Therefore, the Education Department requires each Student's bank account information. Please have

APPLICANT INFORMATION(Please print clearly)

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

Bank Information

*****TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION*****

BANK NAME	
BANK ADDRESS	
TYPE OF ACCOUNT	
BANK TRANSIT #	
BANK ACCOUNT#	

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

*****PLEASE ATTACH A VOIDED CHEQUE ALONG WITH THIS COMPLETED FORM*****



Appendix 10

STUDENT FIELDTRIP ALLOWANCE APPLICATION

This funding is a form the Lower Nicola Indian Band's Emergency Contingency Funding as stated in the Funding Policy. Some course required workshop and/or seminars may be covered by the Lower Nicola Indian Band Education Department. However, a letter must also accompany the request verifying that the trip is part of the program curriculum and is mandatory. This application does not guarantee your funds will be covered. The Education Coordinator has the final decision to approve all fieldtrip applications, based on available funding, and justification of need.

Name: _____	
Purpose of Meeting: _____	
Location of Meeting/Conference: _____	
Date of Application: _____	Date of Function: _____

ACCOMMODATIONS	
# of nights _____	X daily rate _____ = _____

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

MILEAGE	
Total Km's _____	X _____ \$ 0.25 _____ = _____

TOTAL AMOUNT OF ALLOWANCE	\$ _____
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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 that it is my responsibility to hand in all receipts upon my return. Should I fail to do so, within 30 days, I hereby authorize the Lower Nicola Indian Band-Education Department to deduct this allowance from my next monthly living allowance issuance.

Student Signature

Approval Signature

APPROVED FOR PAYMENT DATE: _____ INITIALS: _____ Lower Nicola Indian Band- Education Department
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Account Code: _____ Cheque #: _____ Cheque Date: _____ Cheque P/U: _____ Date: _____
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Appendix 11

EMERGENCY CONTINGENCY FUNDING

Practicum Assistance: Practicum Assistance is a ‘one-time-only’ funding allowance based on availability of funds within the Lower Nicola Indian Band Education Department. Throughout a practicum, there comes a time, when you may require special supplies, equipment or even living expenses that weren’t budgeted for you at the beginning of your term. This application form will need to be completed to request such expenses, if they arise. Keep in mind, that this application is not guarantee that you will be assisted. It is a request for funding only. Your Education Coordinator will take your request and notify you if you have been approved for such funding, based on availability of funds.

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

EMERGENCY TRAVEL: Should students require emergency travel assistance, in the event of a death or illness in the immediate family (father, mother, brother, or sister), full time students and dependents are eligible to receive one trip at the rate most appropriate for travel this is to attend and return back to studies. Again, this is an application; it is not a guarantee that you will be assisted. Our Education Coordinator will take your request and notify you if you have been approved for such funding, based on availability of funds.

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



Appendix 12

GRADUATION ASSISTANCE APPLICATION

As stated in the Funding Policy, the Lower Nicola Indian Band Education Department accepts funding requests for Graduation Assistance. Assistance must be requested one month in advance of a program completion. Proof of Graduation must be submitted (ei. Transcripts, valid diploma or certificate, etc). The set out amounts, as stated in the Funding Policy are as follows:

<i>Certificate or 1 year program</i>	\$100.00	<i>Diploma or 2 year program</i>	\$250
<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:	Approved by:
Amount Approved for:	Date Approved:

Appendix 13

TRAVEL ASSISTANCE APPLICATION

As stated in the funding Policy, the Lower Nicola Indian Band Education Department accepts application for funding that will assist students who must travel a distance of more then 100 km and are living away from their normal place of residence. However, it is a reimbursement of travel costs that the student has incurred to travel twice each year, that means, they had to move away to go to school, and had to move back home that same year. Lower Nicola Indian Band will only reimburse the amount of travel expense to the closet public post-secondary instution offering their same program of study. This type of funding is the lowest priority for funding, and is based on availability of funding.

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



Appendix 14

TUTORING ASSISTANCE APPLICATION

As stated in the Funding Policy, The Lower Nicola Indian Band Education Department accepts applications for funding that will assist students who require tutoring during their program of studies. Here is an Application form for tutoring assistance. Complete the request for funding, and your Education Coordinator will notify you, if you are eligible for this funding, based of funding availability.

Name:	Date of Application:
Institution:	
Course:	Instructor:
Name of Tutor:	Tutor Phone No.
Approved for Funding:	Approved by:
Date Approved:	

Note: Students are eligible to receive a maximum of \$225.00 per academic year (based on 15 hours @\$15.00/hr) for this type of assistance. Anything over and above this amount is the resposibility of the student.

Please choose one of the following:

- The Instructor recommends that the student undertake the Tutorial Assistance described above to overcome areas of academic weakness
- The Student requests Tutorial Assistance to overcome areas of academic weakness and maintain his/her academic levels of commitment.

Tutor Signature

Date

Student Signature

Date

LNIB Education Department Signature

Date

Course Instructor Signature

Date



POST-SECONDARY STUDENT DECLARATION

OF FULL TIME ATTENDANCE

FOR THE MONTH OF _____, 20 _____

NOTE: Please submit by the 15th of the month following the reporting month. Please fax or email to the number below.

Student Name: _____

Institution: _____

Course/Program: _____

Please fill in **ALL** the courses that you are currently taking and initial where appropriate once your Instructor has filled out

Course Name & Number	Attendance				Instructor Comments (Essential)	Initials	
						Instructor	Student
	Days Possible		Excellent				
	Days Attended		Good				
	Lates		Satisfactory				
	Left Early		Need Improvement				
	Days Possible		Excellent				
	Days Attended		Good				
	Lates		Satisfactory				
	Left Early		Need Improvement				
	Days Possible		Excellent				
	Days Attended		Good				
	Lates		Satisfactory				
	Left Early		Need Improvement				
	Days Possible		Excellent				
	Days Attended		Good				
	Lates		Satisfactory				
	Left Early		Need Improvement				
	Days Possible		Excellent				
	Days Attended		Good				
	Lates		Satisfactory				
	Left Early		Need Improvement				

As part of my responsibility to the Lower Nicola Indian Band-Education Department, I have completed my Attendance Report accurately and truthfully.

Student Signature

Date