

## APPLICATION FOR POST SECONDARY

<b>Last Name*</b>	<b>First Name*</b>	<b>Middle Name</b>											
<b>Indian Status Number*</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <b>Name of Band:</b> _____											<b>Date of Birth*</b>	<b>Gender (M/F)</b>	<b>Age</b>
<b>Applicant's Current Address*</b> _____ _____ _____ _____  <b>Postal Code</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>							<b>Phone*:</b> _____  <b>Cell :</b> _____  <b>Email*:</b> _____						
<b>Are you intending to move?</b>  Let us know the new address and contact information ASAP and send confirmation.	<b>Emergency Contact Person *</b>  Name: _____  Number: _____												
List all residents with you. Children <b>18</b> and under can be claimed as a dependent. Please provide a copy of their birth certificate, status card (if applicable) and that they are residents (i.e. family allowance, court order etc).													
<b>Name</b>	<b>Relationship to Applicant</b>	<b>Age</b>	<b>Documents confirming residency.</b>										
1.													
2.													
3.													
4.													
5.													
6.													

All items with \* is mandatory to be filled for approval.



**APPLICANT'S EDUCATION HISTORY** (education certificates on file)\*

Type	Institution Name	Duration	Completed	Completion Date
High School			Y / N	
College			Y / N	
Undergraduate			Y / N	
Graduate			Y / N	
Other			Y / N	

**APPLICANT PROGRAM INFORMATION** (where do you want to go)\*

<b>Application Type</b> New Application <input type="checkbox"/> Renewal (continuing students) <input type="checkbox"/> Change of Information <input type="checkbox"/>			
<b>Program Type</b> College <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Occupational <input type="checkbox"/> Other <input type="checkbox"/>			
<b>Full-Time</b> <input type="checkbox"/> <b>Part-Time</b> <input type="checkbox"/>	<b>Will lead to:</b> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Do you have any practicums</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date start:</b>	<b>Date end:</b>	
<b>Name of Program/Course</b> (e.g. Bachelors of Science)			
<b>Occupational Field</b> (e.g. Law/Medical/Business/Trades)			
<b>Institution Name &amp; Address</b>			
<b>Education Supports at the Institution</b> (e.g. TRU Gathering Place)			
Name of Support Group:			
Name of your contact:			
Address and Phone Number:			
<b>Length of program</b>	<b>Expected graduation date</b>	<b>Years of studies</b>	
<b>Letter from Institution on file</b>	<b>Date:</b>	<b>Kanaka letter back (Y/N)</b>	

\*Full time is considered a minimum of 9 credits or 3 classes\*



## Initial Course Selection and Study Plan

	Fall Session	Winter Session	Spring/Summer Session
<b>Duration</b>	Sept to Dec	Jan to April	<b>Describe:</b>
<b>Name Of Courses</b>	1. _____	1. _____	1. _____
	2. _____	2. _____	2. _____
	3. _____	3. _____	3. _____
	4. _____	4. _____	4. _____
	5. _____	5. _____	5. _____
<b>Credits</b>			
<b>Type</b>	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>

**Describe Current Education Goal and Plan here (or provide in writing as an attachment)**



**Kanaka Bar Support:** Have you received education support from Kanaka Bar before?

Yes [ ] No [ ]

(If yes, please describe when and what type of support you received): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application form INITIAL BUDGET prepared by Applicant \***

Applicant Requests Support for	Yes/No	Semester	Year	Kanaka Values (added when received)
Tuition				
Books and Supplies				
Living Allowance				
Deposit				
Mileage				
Other:				
Other:				
Other:				
<b>TOTAL Financial Need</b>				

**ADDITIONAL FINANCIAL SUPPORTS PLAN**

**Other Funding:** Bursary  Scholarship  Government Loan  Employment  Other

**Name of Funding Organization:**

Please let us know if we are able to assist you in this regard.



## Applicant Code of Conduct & Student Declaration

By making this application, I accept the following Code of Conduct and agree to:

- Represent Kanaka Bar Indian Band in a positive holistic manner at all times;
- Take active interest in my studies and perform to the best of my abilities;
- Attend classes regularly (proof of attendance may be required);
- Seek and consult with appropriate counselors if any problems arise academically, emotionally, physically, or financially;
- Provide Kanaka with applicable attendance records, expense receipts, and proof of registration and official transcripts when received.
- Communicate with Kanaka Bar's Education Department to discuss the progress on a regular basis.
- Advise Kanaka ASAP if problems are arising that may make you "un-successful" or unable to complete the semester or program overall.

I declare that the information contained in this application is accurate to the best of my knowledge.

I understand that providing Kanaka with false, misinterpreted or misleading information and/or failure to abide by the **Code of Conduct** may result in discontinuation of sponsorship, rejection for future financial assistance and that I may be liable for the full repayment of all education supports funds that I have received from Kanaka.

I, \_\_\_\_\_, have completed the application to the best of my ability. I have also read the Kanaka Bar code of conduct and statement of declaration above and acknowledge and understand that any future education financial assistance could be jeopardized should I fail to comply with my and Kanaka expectations.

Applicant's Signature:

Date

Printed Witness name:

Date

Witness Signature:

An application can be received and process started but cannot be funded if the supporting documents are not sent in. Please address all application form as:

Attention To: **Kanaka Bar EDUCATION DEPARTMENT**  
**2693 Siwash Road**  
**Lytton, B.C. V0K 1Z0**  
**Telephone: 250-455-2200**  
**FAX: 250-455-2201**  
**Email: [education@kanakabarband.ca](mailto:education@kanakabarband.ca)**



## APPLICATION CHECKLIST

Please include the following supporting documents with your application or work with Kanaka Education Officer to complete before the first day of school.

Supporting Documents and Information needed	Submitted
Fully completed, signed and dated application* (Kanaka must have at least 4 months' notice)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of institution name, program and outlines and enrollment letter(s).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Institution additional estimated costs (medical, transit etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies of applicants official transcripts from previous institutions and schools*	Yes <input type="checkbox"/> No <input type="checkbox"/>
A simple written statement of your education goal and plans	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated books and supplies cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies of any additional funding, scholarships or bursaries	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of academic plan or program planning worksheet from institutions academic councillor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of an up to date resume	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Current and new Address	Yes <input type="checkbox"/> No <input type="checkbox"/>
Coloured copy of your Birth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Colored copy of your STATUS card, front and back	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of household residents/dependencies	Yes <input type="checkbox"/> No <input type="checkbox"/>

### For Official Use Only

Received on by: Date: _____ Name: _____	Application Complete: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, a deficiency letter has been be sent) Date Letter Sent:
Funding Request <b>Sought by Applicant:</b> <input type="checkbox"/> Tuition <input type="checkbox"/> Books/Supplies <input type="checkbox"/> Living <input type="checkbox"/> Travel	
Funding Request Recommended by <b>Kanaka Education Department:</b> <input type="checkbox"/> Tuition <input type="checkbox"/> Books/Supplies <input type="checkbox"/> Living <input type="checkbox"/> Travel	
Approved by Education Officer	Approved by Administrator

