

Nadleh Whut'en Indian Band Post-Secondary Student Support Program

P.O. Box 36, Fort Fraser, B.C. V0J 1N0 ▪ Phone: 250-690-7211 ext. 106 ▪ Fax: 250-690-7316
Email: sketlo@nadleh.ca

Post Secondary Student

Dear Student:

Thank you for showing an interest in furthering your academic and career goals through the Nadleh Whut'en Indian Band administered Post-Secondary Student Support Program.

Please find attached, an "Application for Education Assistance Form". Complete this form in full, incomplete or improperly filled application forms may cause processing delays. In addition to filling out the attached program application form, and sending it to the NWIB Education Coordinator, we require you to undertake the following three (3) actions:

- 1) We require a letter of acceptance from the University or College that you plan to attend.
- 2) We require transcripts from the most recent school you attended.
- 3) Student medical coverage is the responsibility of the student. The NWIB **does not pay** for medical/dental coverage. You will need to **opt out** of the university/college medical coverage if you do not want to pay it.

If you are a returning student, please forward to the NWIB Education Coordinator a copy of last year's grade transcript and a "letter of invitation to pre-register" from the University or College you intend to continue studies.

Your submission of an application form, and supporting documentation, does not mean you automatically qualify for NWIB Post-Secondary Student Support or UCEP program funding assistance. The NWIB Education Coordinator, and Education Committee, will review your application against established program entrance eligibility criteria. A letter will be forwarded to you confirming the status of your application for the NWIB Post-Secondary Student Support or UCEP program(s).

Should you have any questions, or require further clarification on the contents of this letter, please contact me, the Education Coordinator at (250) 690-7211 or sketlo@nadleh.ca.

Yours truly;

Sue Ketlo
NWIB Education Coordinator

cc. Post-Secondary Program File

**NADLEH WHUT'EN INDIAN BAND
APPLICATION FOR EDUCATION ASSISTANCE**

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Last Name: _____ First Name: _____ Initials: _____

Address: _____ City: _____ Prov.: _____

Postal Code: _____ - _____ Band Number: _____ S.I.N. _____

Date of Birth: Month: _____ Day: _____ Year: _____

Telephone : Home () _____ Away () _____ Email: _____

Marital Status: _____ Single, _____ Married, _____ Divorced, _____ Common Law.

Is your spouse employed? _____ Yes _____ No _____ Not Applicable.

Dependant(s) Name(s):

Dependant(s) Age(s):

1 _____

2 _____

3 _____

4 _____

5 _____

Post-Secondary Institution's Name: _____.

Post-Secondary Institution's Address: _____.

Post-Secondary Institution's Phone #: () _____.

Post Secondary Institution Academic Advisor or Councillor name: _____.

Name of Program Enrolling in: _____.

Current Year Start Date: _____ Current Year End Date: _____.

Total Length of Program: 1 2 3 4 5 Years (Circle One) or Number of Months: _____.

I will be Attending: _____ Full-time, _____ Part-time. Student Number: _____.

List of Courses I will be taking in Year ___ of a ___ Year Program:

1 _____ # of Credits _____ 5 _____ # of Credits _____.

2 _____ # of Credits _____ 6 _____ # of Credits _____.

3 _____ # of Credits _____ 7 _____ # of Credits _____.

4 _____ # of Credits _____ 8 _____ # of Credits _____.

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List Previous Education:

School Name	Year Completed	Certificate, Diploma or Degree
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Estimated Costs:

Tuition
1st semester _____ 2nd semester _____

Books & Supplies
1st semester _____ 2nd semester _____

Other related costs _____

1st semester _____ 2nd semester _____

Nadleh Whut'en Band **does not pay** for medical/dental coverage. You will need to **opt out** of the university/college medical coverage if you do not want to pay it.

Do your Studies Require Work Co-op Placement or Practicum? Yes No

Have you ever received Post-Secondary Support Program funding from Nadleh Whut'en Indian Band, or any other First Nation before? Check one Yes No

STUDENT DECLARATION

In the event that I am in receipt of post-secondary funds from the Nadleh Whut'en Indian Band, I understand that I must continue to meet the Post-Secondary Student Support Program Entrance and Continuing Eligibility Requirements contained in sections 3 and 4 of the Program's Policy and Procedures Manual: here to attached.

I declare that the information contained on this application form is accurate to the best of my knowledge. I acknowledge that falsification / misrepresentation of information, or failure to abide by NWIB Post-Secondary Student Support Program policies, may result in the discontinuation of program funding and / or refusal of future program education assistance. I further acknowledge that, should I receive program-funding assistance under false pretence, I shall be liable for repayment of such funds.

Applicant Signature: _____ Date: _____

Applicant Name: _____
(Please Print)