

# Nisga'a PSE Sponsorship Application

## APPLICANT MEMORANDUM

TO

DATE

FAX

PAGES: 10 (including this page)

FROM:

EDUCATION DEPARTMENT  
Gingolx Village Government  
607 Front Street  
Kincolith, BC V0V 1B0  
Ph (250) 326-4212 Fax (250) 326-4208  
Email: gvg.education@yahoo.ca Website: www.gingolx.ca

RE: Sponsorship Application Package

Attached you will find a Post-Secondary Sponsorship Application from the Education Department of Gingolx Village Government

**Application Deadline Dates to remember** (on or before 5:00 pm on the following dates)

- » **June 15** for academic programs beginning **September**
- » **October 15** for academic programs beginning **January**
- » **March 15** for academic programs beginning **May**

Continuing students are required to re-apply every year and must complete the full application process according to the checklist below

Applications NOT including sealed official transcripts (original official transcripts must be mailed in advance) can be faxed but mail original application afterwards

Please keep a copy of your application for your personal records

Applications are accepted but are **dependent of funding availability at any given time**. Please complete our application according to the PSE applicant check list outlined below

All applications will be brought forward for review, consideration and/or recommendation for approval of Post-Secondary funding by the Education Board

### PSE Applicant Checklist

The following documents are required to process your request for academic sponsorship in a timely manner. Please ensure that all documents are submitted to the GVG Education Department

- Sealed Official Transcript from all educational institutes attended. **Sent directly to our office by post-secondary education or training institute**
- PSE Application Package (Page 2-10 must be entirely filled out)
  - IF applying for dependents on your living allowance you **must** provide 2 pieces of ID for each dependent applying for
  - Letter of Intent
  - Gingolx Post-Secondary Student Contract
  - Post-Secondary Release of Information Form
  - Release of Information Form
  - Financial Request Form
- Acceptance Letter from institute verifying start and end date of program for academic year applying for as well as institution verification of **tuition cost per semester, textbook costs**



## LETTER OF INTENT

Applicants can submit actual letter of intent; if not this form is available for you to fill in

Name (in full)

Full Address

**CHECK ONE**

Continuing Student

New Applicant

Previously Sponsored

I am submitting this letter of intent as a notice to the Education Department of Gingolx Village Government as to why I personally wish to pursue post secondary studies.

My long term educational goal(s) is/are to

1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Date



## POST SECONDARY RELEASE OF INFORMATION FORM

To Whom It May Concern

I hereby authorize Gingolx Education staff permission to obtain any student information regarding my academic status from the \_\_\_\_\_ teachers  
**Institution Name**  
and institution staff for the academic year of \_\_\_\_\_. This  
(i.e. 2013/2014)  
includes inquiries regarding attendance, courses, grades, tuition and fees and anything other relating inquiries to my sponsorship with the Education Department of Gingolx Village Government

### Education Department Contacts

Neal Barton – *Education Administrator*  
Natasha Moore – *Administrative Assistant*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (printed)

**Students Please Note:** You must return this form to our office as part of your sponsorship application for your student file and for our distribution to the institution.



# NISGA'A POST SECONDARY EDUCATION ASSISTANCE PROGRAM

## APPLICATION FORM

Please print clearly and complete all sections of this Application Form using ink. Once complete, you must submit this Application with your completed application package to the Education Administrator of the Nisga'a Village Government to which you are applying for financial support under the Nisga'a Post-Secondary Education Assistance Program Policy. The Education Administrator will determine your eligibility for financial support in accordance with the Policy.

Section A: PERSONAL INFORMATION	
Last Name	Social Insurance Number
First Name & Middle Initial	Student Number (If known)
Permanent Address	Date of Birth
	Year                      Month                      Day
Please provide Box # as well as Street Address	Nisga'a Citizenship Number
Please provide Box # as well as Street Address	Indian Status Number
City or Town                      Province	Gender
	<input type="checkbox"/> Female <input type="checkbox"/> Male
Postal Code                      Telephone Number	Email Address:
<b>Mailing Address</b> This is where your mail will be sent while attending Post-Secondary	
	List Dependent Children by Full Name
	1)
	Birth Date:
Please provide Box # as well as Street Address	2)
	Birth Date:
City or Town                      Province	3)
	Birth Date:
Postal Code                      Telephone Number	4)
	Birth Date:
Marital Status (Mark one box only)	
<input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married	5)
	Birth Date:
Employment Status of Spouse	
	6)
	Birth Date:
<input type="checkbox"/> Employed Spouse <input type="checkbox"/> Dependent Spouse	7)
	Birth Date:
Spouse Annual Income: \$	Birth Date:

## NISGA'A POST SECONDARY EDUCATION ASSISTANCE PROGRAM

### Section B: EDUCATION PLAN (Current or Proposed Studies)

<input type="checkbox"/> Full – Time	<input type="checkbox"/> Part – Time	<input type="checkbox"/> Distance	<input type="checkbox"/> Other
Level of Study			
<input type="checkbox"/> Bachelor	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	
<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma	<input type="checkbox"/> Trades / Professional	
Name of Program of Study:		Name of Post-Secondary Education or Training Institution:	
Telephone Number of Post-Secondary Education or Training Institution: (____)- ____ - _____		Mailing Address of Post-Secondary Education or Training Institution:	
The following section is to determine the status of your education plan.			
Name of Post-Secondary Education or Training Institution:		Length of Program of Study:	Current Year of Studies:
Start Date (Y/M/D):		End Date: (Y/M/D)	

### Section C: EDUCATIONAL HISTORY

Name of Institution	Program of Study	Completion	Years Attended
Secondary			
College			
University			
Other			
Have you received funding for post-secondary education from any other organization? (Please circle)		If yes from what organization?	For what Program of Study and what Post-Secondary Education or Training Institution?
Yes                      No			

### Section D: APPLICANT'S DECLARATION

I hereby apply for financial support under the Nisga'a Post Secondary Education Assistance Program. I confirm that the information provided in this Application Form is accurate. I understand that any misrepresentations on this Application Form, or any other documents included with my application for financial support under the Policy, may result in the termination of a funding award granted to me.

I authorize the Education Administrator of the Nisga'a Village of \_\_\_\_\_ to access information pertaining to my application for financial support under the Policy from Nisga'a Lisims Government and the other Nisga'a Village Governments for the purpose of confirming my Nisga'a citizenship and administering the Policy.

I authorize the Education Administrator of the Nisga'a Village of \_\_\_\_\_ to exchange information pertaining to my application for financial support under the Policy with Nisga'a Lisims Government and the other Nisga'a Village Governments for the purpose of confirming my Nisga'a citizenship and administering the Policy.

## NISGA'A POST SECONDARY EDUCATION ASSISTANCE PROGRAM

I agree to allow the Education Administrator of the Nisga'a Village Government to which I have submitted my application for financial support under the Policy to discuss my application with the Post-Secondary Education or Training Institution in which I will be enrolled.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Additional Comments or Information

Section E: Office Use Only	
Notes to File	DECISION
	Approved:
	Denied:
	Incomplete Application:
	Deferred:

Date Stamp

**NISGA'A POST SECONDARY EDUCATION ASSISTANCE PROGRAM**



**CONSENT TO RELEASE INFORMATION FORM**

**Please read, sign and date this form using ink only**

I hereby consent to the release and / or exchange of information between Nisga'a Lisims Government and Nisga'a Village Government's for the sole purposes of verifying the information contained in my application and to allow for the general administration and enforcement of the Policy. I understand that the information provided in my application will be kept confidential.

Signature of Student:	Print Name:	Date Signed:
Signature of Nisga'a Village Government Education Administrator:	Print Name:	Date Signed:

**FOR USE BY THE NISGA'A VILLAGE GOVERNMENT**

**STAMP OF THE NISGA'A VILLAGE GOVERNMENT**

A large, empty rectangular box with a black border, intended for a stamp from the Nisga'a Village Government.



**STUDENT CONTRACT**

\_\_\_\_\_ |  
Insert Student's Full Name

Hereby declare that all the information and documentation that I have provided to the Education Administrator of the Nisga'a Village Government of \_\_\_\_\_  
Insert name of Nisga'a Village Government to which student has applied

(the "Nisga'a Village Government") to assist in determining my eligibility for financial support under the Nisga'a Post-Secondary Education Assistance Program Policy (the "Policy") is, to the best of my knowledge, accurate and complete.

**A. Definitions**

The words and expressions defined in Article 4.0 of the Policy have the same meanings in this Student Contract.

**B. Eligibility Requirements Under the Policy**

By signing this Student Contract, I hereby acknowledge and agree that

1. I have read and understood the Policy
2. I have met all the applicable eligibility requirements for financial support under article 5 of the policy
3. I have been enrolled in an eligible program of study at an eligible post-secondary education or training institution, in accordance with the Policy
4. It is responsibility to ensure that all the information that I provide to the Nisga'a Village Government in respect of my application for financial support under the Policy is accurate and complete
5. If I do not provide accurate and complete information to the Nisga'a Village Government in respect of my application for financial support under the Policy, I may be denied current and future financial support under the Policy, and any funding award granted to me under the Policy may be terminated
6. All information provided to the Nisga'a Village Government in respect of my application for financial support under the Policy is subject to verification by the Nisga'a Village Government
7. Any misrepresentations included on this Student Contract, my application form or any other documents submitted to the Nisga'a Village Government as part of my application for financial support under the policy may result in the termination of a funding award granted to me
8. If I receive or attempt to receive financial support under the Policy by fraudulent or dishonest means, I may be denied current and future financial support under the Policy and any funding award granted to me under the Policy may be terminated
9. If my funding award is terminated in accordance with the Policy for the reasons set out above or for any other reason provided for in the Policy, I will not be eligible for further financial support under the Policy until I repay the full amount of the funding award disbursed to me to the Nisga'a Village Government.



**C. Maintaining Eligibility for Financial Support**

By signing this Student Contract, I hereby acknowledge and agree that it is my responsibility to ensure that I maintain my eligibility for financial support under the Policy. To do so, I will ensure that I meet the requirements of Article 14.0 of the Policy. In particular I agree to

- 1. Maintain a grade point average of C+ or better
- 2. Use the funding awards that I receive under the Policy for the intended education expenses, as identified by the Nisga'a Village Government

To assist the Nisga'a Village Government in determining my continued eligibility for financial support under the Policy, I will provide official transcripts of my marks to the Nisga'a Village Government at the end of each semester.

**D. Exchange of Information**

By signing this student contract, I hereby consent to the exchange of information

- 1. Between the Nisga'a Village Government and Nisga'a Lisims Government for the purpose of administering the Policy, and
- 2. Between the post-secondary education or training institution in which I have been enrolled and the Nisga'a Village Government

This agreement is in effect for the \_\_\_\_\_ term (list academic year; i.e. 2013/2014)

\_\_\_\_\_  
Student Name – Print Clearly

\_\_\_\_\_  
Student Signature

The Student has executed this agreement in the presence of:

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

OFFICE USE ONLY

\_\_\_\_\_ for and on behalf of the Village Government Administering Authority has executed this agreement in the presence of \_\_\_\_\_

**Village Government Representative**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address



**ADMINISTERING AUTHORITY STAMP**



**FINANCIAL REQUEST**

Financial Support Applying For \_\_\_\_\_

- Tuition
- Textbooks
- Living allowance (for full-time students only)
- Travel Assistance (to and from permanent residence only for school year, does not include to and from school or travel for holidays)

Program of Study \_\_\_\_\_

Current level of study you are applying for

- Level One – accredited community college, vocational or technical institutes with Certificate or Diploma program
- Level Two – Undergraduate Degree program
- Level Three – Graduate Degree program
- Level Four – Post Graduate Degree or Doctorate

Semesters Applying For \_\_\_\_\_

FALL Semester (September to December)

- Full Time
- Part Time

WINTER Semester (January to April)

- Full Time
- Part Time

SPRING Semester (May to June)

- Full Time
- Part Time

SUMMER Semester (July to August)

- Full Time
- Part Time

Expenses Per Year \_\_\_\_\_

Please provide overall program fees from Institution for your program (institution should have this information available for you, please provide their print out or fill in information below)

Tuition \$ \_\_\_\_\_

Student Fees \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Supplies/tools \$ \_\_\_\_\_

Additional comments or information applicable to financial request

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_