



SHORT TERM POST-SECONDARY SPONSORSHIP APPLICATION

MUST complete ALL AREAS of this application

Full Name _____

Gingolx Registry # 671- _____

Address _____

Nisga'a Citizenship # _____

Phone # _____

Email Address _____

Date of BIRTH _____

Course Applying For _____

Training Dates _____

Total Financial Request (i.e. Tuition, Books etc.) _____

Institution Name _____

Note: All applications for financial assistance **MUST be submitted with all supporting documents** to our department **10 business days before course start date**. Last minute applications WILL NOT be processed immediately.

Application Process (must submit the following with your application in order for us to be able to come to a decision) _____

- Short Term Application
- Program/Course Information confirming dates and tuition expense

Submit the following if overall financial request exceeds \$1,000

- 1 Page Resume
- Letter of Intent outlining education goals
- Copy of tickets from previous sponsorship

Contractual Agreement _____

I agree to attend the indicated class, workshop, or training course at the specified time and place. Upon return I agree to submit any certificates/tickets and or a report of the training. Given a valid reason, if I should not be able to partake in this course I will notify the Education Dept. immediately prior to class commencement. If I begin and fail to complete this course without proper notification to the sponsor, I will agree to pay back the amount covered on my behalf back to the Education Department and until payment is rendered. I will not be sponsored for any future courses until done so (Sign bottom of this page)

Post-Secondary Release of Information _____

I authorize the administrative staff of Gingolx Village Government Education Department to access any academic information (marks, certificates/tickets, attendance etc.) from program instructor regarding this training as sponsored financially.

Applicant Signature _____

Date _____



RELEASE OF INFORMATION FORM

To Whom It May Concern

This is formal written authorization for Gingolx Village Government and or Education Department Staff, to release any information regarding requested information to any *Ministry of Social Services & Economic Security District Office, Nisga'a Village Government Social Development Department, Human Resources & Development Canada* (Ministry of Employment & Development for Unemployment Insurance), *BC Family Benefits* (Child Tax), *Employer*, and *any other place of business* relevant to my application for sponsorship throughout my financial assistance with the Education Department of Gingolx Village Government.

Education Department Contacts

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

Do you give our department permission to release information to a member(s) of your family if they should call to request information regarding update on your sponsorship application?

Yes

No

If yes please provide us with the name(s) and contact information that you authorize to receive information

Name Relationship to Student Contact Number

Name Relationship to Student Contact Number

Student Signature

Date

Student Name (printed)

Please Note: Applicant's signature on this document signifies that any of the above mentioned Gingolx Education Department Staff can and will conduct any research necessary pertaining to sponsorship eligibility with Gingolx Education



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 and institution staff for the academic
Institution Name

year of _____. This includes inquiries regarding attendance, courses, grades,
(i.e. 2013/2014)

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 of choice.