STUDENT INFORMATION		
New Applicant 🗌	Grade 12 Graduate	Previously Funded ☐
Last Name:	Given Name(s):	Status #:
Maide <mark>n Nam</mark> e:	SIN#:	Email Address:
Address:		
Phone #:	Cell #:	Other #:
Marital Status:  ☐ Single ☐ Married ☐ Common Law ☐ Separated/Divorced		
Source of income, please check all that apply, if it is not identified here, please add below:    Employed   Social Assistance   Employment Insurance   Other		
Please State:		
SPOUSE INFORMANTION		
Spouse Notice	of Assessment required to be handed in with	this application
Last Name:	Given Name(s):	Status #:
Maiden Name:	SIN #:	Email Address:
Source of income, please check all that apply, if it is not identified here, please add below:		
☐ Employed ☐ Social	Assistance	Insurance Other
Please State:		

#### **DEPENDENT INFORMATION**

A dependent is a person who is under 19 years of age, relies on the student support, resides with the student on a full-time basis and the student collects the Child Tax Benefit for that person.

Proof of Child Tax Benefit required to be handed in with this application Last Name Given Name(s) Date of Birth Relationship to the **Applicant EDUCATION HISTORY** Please include ALL institutions attended along with transcripts from each institution. Secondary School: Year Completed: Grade Completed: GED/Upgrading Institution: Start/Finish date: Program: Certificate/Diploma attained: **Program Years Completed:** College/University: Program: Band Funded: Years Attended: ☐ No ☐ Yes ☐ Failed Successful ○ Withdrew Certificate Diploma Bachelor Master ☐ Doctorial

PROGRAM INFORMATION		
Institution and Address:		
Program Applying for:		☐ Full – Time ☐ Part – Time
Length of Program:	Start Date:	End Date:
Please check which of the following will be achieved:  Certificate  Diploma  Bachelor Master  Doctorial		
Sponsorship request: Tuition Books Supplies/PPE Living Allowance		
Does your program require Co-op or Practicum? If yes, please explain.		
Is the program you're applying for a pre-requisite to enter another program? If yes, please explain.		
	BANK INFORMATION	
Institution:		
Account:	Chequing	☐ Saving
Account #:	Transit #:	Institution #:
STUDENT DECLARATION		
I declare that all the information provided on this application to be accurate and true. Any false information given will result in ineligibility for future funding from Lheidli T'enneh First Nation.		
Signature:	Date: _	

1041 Whenun Road Prince George, BC V2K 5X8

#### ACADEMIC RECORDS AND INFORMATION RELEASE FORM

Lheidli T'enneh Post-Secondary Support Program funding is conditional upon the applicant signing a release form. This release form permits the LTFN Education Department to obtain records and information about the sponsored student: registration, documents, tuition, books and supplies invoices, academic transcripts, faculty progress reports and attendance reports.

#### **DECLARATION:**

I hereby authorize the Lheidli T'enneh First Nation Education Department to request and obtain both verbal and written information pertaining to my registration, documents, tuition, books and supplies invoices, academic transcripts, faculty progress reports and attendance reports.

Student Name (please print)	Student Number
Student Signature	Date

BANK ACCOUNT DEPOSIT		
I hereby give permission to Lheidli T'enneh First Nation Education Department to Deposit necessary funds into my bank account listed below.		
Student Signature  Only students outside of Prince George have the option to have their cheque deposited into their accounts Prince George Students can pick up their cheques or have them mailed. Students Cheques outside of Prince George will be mailed monthly if this section isn't complete.		
FINANCIAL INSTITUTION INFORMATION		
Bank Name:		
Address:		
Account #:		
Branch #:		
Institution #:		

SOCIAL ASSISTANCE CONFIRMATION OF SPONSORSHIP FORM		
Student Information		
Surname:	Given Name:	
SIN #:	Date of Birth:	
Spouse Ir	nformation	
Surname:	Given Name:	
SIN #:	Date of Birth:	
	Date:	
CONFIRMATIO	N OF FUNDING	
	udent is being financially supported through Post-Secondary Support Program.	
TO BE COMPLETED BY LHEIDLI T'	ENNEH EDUCATION DEPARTMENT	
Program Start Date:		
Program End Date:		
Monthly Living Allowance:		

EMPLOYMENT INSURANCE CONFIRMATION OF SPONSORSHIP FORM		
Student Information		
Surname:	Given Name:	
SIN #:	Date of Birth:	
Spouse Information		
Surname:	Given Name:	
SIN #:	Date of Birth:	
The student and spouse authorize the Lheidli T'enneh First Nation Education Department to release financial support and funding information to Service Canada/HRDC office.  Student Signature:  Date:  Date:		
CONFIRMATION OF FUNDING		
	udent is being financially supported through Post-Secondary Support Program.	
TO BE COMPLETED BY LHEIDLI T'I	ENNEH EDUCATION DEPARTMENT	
Program Start Date:		
Program End Date:		
Monthly Living Allowance:		
LTFN Education Department Signature:	Date:	

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Personal Education Write-Up Template

Date:
Name
Mailing Address: City, Province Postal Code
To: Lheidli T'enneh Education Department and LTFN Education Committee
Introduce yourself, brief history, parents, and grandparents on both sides. Detail list of plans
such as what program you want to take, where it is located, and the start/end dates. Be sure to
include your educational goals/plans after the completion of your program. Ex., completed
Academic Upgrading to enter a certificate program. State exactly what you are requesting by
way of funding, full-time sponsorship (living allowance, tuition, books, supplies, travel) or parttime sponsorship (tuition, books and supplies only).
If you have already completed your application, be sure to include all required documents, add
anything else that you think may persuade the education department and committee to choose you as ou
sponsored student such as, career goals that you have, any hardships you have endured, or why
this program would be beneficial to your future.
Thank you for taking the time to review my application and I look forward to your response.
Sincerely,
(Sign your name here)
Name of applicant

APPLICATION CHECKLIST:  Only complete applications will be reviewed	
Completed and signed application form	
Signed Academic Information and Records Release form	
Bank Account Deposit (outside of Prince George residence only)	
Social Assistance Confirmation of Sponsorship Form	
Employment Insurance Confirmation of Sponsorship Form	
Prior Secondary and Post-Secondary Academic Transcripts (Only official transcripts will be accepted)	
Personal Education Write-Up	
Program information consisting of: - Program outline - Course schedule - Tuition and Textbook costs	
Acceptance letter	
Registration statement (courses registered in) Only students with full-time status will receive LOA *minimum of 3 courses per semester*	

OFFICE USE ONLY			
Date Received:			
Date Reviewed:			
Final Status of Application:	APPROVED	DENIED	DEFFERED