



Name of Applicant: _____

Year Applied for: _____

Date Submitted: _____ (Office Use)

Penticton Indian Band's Post-Secondary Application for Funding

(Before completing the application please read the PSE Policy Manual)

Application Deadline: MAY 17th, of every year
January and Summer students are funded based on the waitlist
from September

STUDENT CHECKLIST

Please submit the following with your application.

A completed application form		
Letter of intent		
Official Transcripts (<i>Sealed and sent to the Education Centre, see address below</i>)		
Photocopy of status card		
Proof of tuition costs, supply costs, and additional student costs from your school		
Registration/Acceptance Letter/Proof of Enrollment from Post-Sec Institution		
If applicable, a 3 rd Party Sponsorship Form from your institution		
Signed authorization and consent to release information form		
Signed Post-Secondary Student Contract		
Direct Deposit information (eg. Void Cheque)		

In order for your application to be considered, every section must be fully completed and all required documents must be included.

PLEASE COMPLETE AND RETURN TO

Penticton Indian Band Education Centre

R.R. #2, Site 80, Comp.19
Penticton, British Columbia
Canada V2A 6J7

Telephone: 250-770-3210 Fax: 250-493-0889

Education Coordinator: Kendra Eneas
Email: keneas@pib.ca



Office Use Only			
New Student	<input type="checkbox"/>	Continuing	<input type="checkbox"/>
Graduate	<input type="checkbox"/>	Returning	<input type="checkbox"/>

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Band Number				Date of Birth		
Mailing Address				Apartment/Unit #		
City			Prov.		Postal Code	
Phone			E-mail Address			
Years lived at Address		Social Insurance Number (SIN)		Emergency Contact		
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Separated/Divorced <input type="checkbox"/>		
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Employer			
If yes do you plan to continue employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many hours per week?			

SPOUSE'S INFORMATION

Last Name		Given Names				
SIN #			Employer			
Unemployed	YES <input type="checkbox"/>	Receiving other benefits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State Benefits (W.C.B., Pension, etc.)	

DEPENDENTS

Dependents are :

Last Name	Given Names	Date of Birth	Relationship



PROGRAM INFORMATION			
Institution Name		Student Number	
Program Name		Final Credential	
Length of Program	Start Date	End Date	
Occupational Field			
Full Time	YES <input type="checkbox"/>	Part-time	YES <input type="checkbox"/>
			Year of Program (eg. 1 st , 2 nd , 3 rd)

EDUCATION AND TRAINING HISTORY						
	Name of School	Location	Duration	Completed	Certification	Band Funded?
High School						
College						
University						
Graduate School						
Other						

STUDY PLAN (COMPLETE USING YOUR SCHOOL'S CALENDAR)				
	Fall Session	Winter Session	Spring Session	Summer Session
Duration				
Number of Courses				
Number of Credits				
FT/PT				
List months for which living allowance requested:				
Total number of months of living allowance requested:				
PROJECTED COMPLETION PLAN				
Year 1	Number of Courses:		Number of Credits:	
Year 2	Number of Courses:		Number of Credits:	
Year 3	Number of Courses:		Number of Credits:	
Year 4	Number of Courses:		Number of Credits:	
Year 5	Number of Courses:		Number of Credits:	
Year 6	Number of Courses:		Number of Credits:	
TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:				
I have consulted with an academic advisor/career counsellor: YES <input type="checkbox"/> NO <input type="checkbox"/>				
I have made contact with the Aboriginal support worker at my institution: YES <input type="checkbox"/> NO <input type="checkbox"/>				



FINANCIAL PLAN

Financial Projection

Estimated Costs	Current Semester	Next Semester
Tuition		
Books/Supplies		
Living Expenses		
Transportation		
Travel		

I have additional applications for funding. They are: (please list)

SCHOLARSHIPS :

BURSARIES :

AWARDS :

PROVINCIAL/FEDERAL STUDENT LOANS :

I have spoken with the financial aid department at my institution about funding: YES NO

DECLARATION OF RESIDENCY

I _____ certify that I have been resident in Canada for twelve consecutive months prior to this date.

Signature

Date

CODE OF CONDUCT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

OFFICE USE ONLY

Request (reasons attached)	Approved	Denied
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Application received:

File Number:

Total number of months living allowance:

Total tuition:

Total books/supplies:



Penticton Indian Band's Post- Secondary Authorization Waiver

I, _____, authorize the release of any and all pertinent
(Print Name)
information regarding courses, attendance, progress, and transcripts of marks to the Penticton Indian
Band Education Department.

I am currently attending:			
I have been accepted at:			
Mailing Address of School:	City/Town:	Province:	Postal Code:
Phone Number: () -	Fax Number: () -		
Course/Program:	Student Number:		

I understand that the Penticton Indian Band will keep any and all information confidential.

Signature of Applicant

Date Signed

Signature of Post- Secondary Coordinator

Date Signed

AND/OR

Signature of Director of Education

Date Signed



Penticton Indian Band's Post-Secondary Student Funding Contract

PART I

This contract is between the Penticton Indian Band and the undersigned student for the purpose of acquiring education sponsorship from the Penticton Indian Band in order to pursue a post-secondary program of study.

I, (print) _____, have read the Penticton Indian Band's Post-Secondary Education Policy. I understand its content and intent and therefore I agree that:

1. I have read the Penticton Indian Band Education Policy and submitted the application. I understand that any incomplete documents will be returned for clarification.
2. Once my application has been approved, the Band will notify the Post-Secondary Institution by sending a letter of Support for Sponsorship.
3. I understand that my application will be reviewed and that the criteria within the policy will be taken into consideration.
4. Tuition will be paid directly to the Educational institution by the Band. Books and living allowances for Full-time students will be paid directly to the student. Living allowances are paid as direct deposit to the student's bank account, on the first day of the month.
5. Should I not complete the course or program of studies that I have entered into for reasons other than a medical release or other emergency reasons, I will pay back any monies that the Penticton Indian Band has paid toward my education from the dates mentioned in this agreement. **Unexplained absences over three (3) days will result in automatic termination of educational assistance.**
6. Should I withdraw or be terminated by the institution, I will pay the Penticton Indian Band the money owed to them within one calendar year from the date of withdrawal or termination of studies.
7. Until all transcripts of sponsored courses have been provided to the director of education and all outstanding debts are paid to the Penticton Indian Band, I understand that I will not be eligible for further funding.
8. To inform the Penticton Indian Band immediately of any: change of address; addition/drop of classes; absences of over three (3) days per month.

PART II

Once I have received my allocation of Living Allowance and Book Allowances, I will be responsible for my actions and will be expected by the Penticton Indian Band to spend this money accordingly. I understand it is the policy of the Penticton Indian Band NOT to advance funds for books, supplies or living allowance.

PART III

I have read and understand the policies and procedures for Educational Funding of the Penticton Indian Band and agree to all of the above named conditions:

Signature of Applicant

Signature of PIB Education Coordinator

Date Signed: _____