

Lil'wat Nation Ts'zil Learning Center



P.O. Box 232 • Mount Currie • BC • V0N 2K0 • Toll Free: 1-866-894-2300 • Phone: 604-894-2300 • Fax: 604-894-2302

Application for Sponsorship for 2018 - 2019 *Lil'wat Nation: Post-Secondary Student Support Program*

To ensure that your application is considered for sponsorship, please turn in: Please check boxes once completed.

- Completed Lil'wat Nation Sponsorship Application (This is your application)
- Acceptance letter from College/University
- List of program's Admission Requirements (ex. Eng 12, Math 11, etc.) - check online program description
- Most recent **Official Transcript** from High School and/or College/University (**Unopened**) **Send to Ts'zil.**
- List of classes include how many credits per/class or course
- A copy of Status Card (**front and back**)
- SIN number
- Family Information Page
- Bank deposit form with Official Bank stamp (if applying for full-time living allowance)
- Canada Child Tax Benefit Form* and/or spouse's *T4 Income Tax Return* (if claiming dependants)
- Read Lil'wat Nation's *Post-Secondary Funding Policy* (*check you read the policy*)

For External College/University students only (not Ts'zil):

Info can be found on University/College website

- Description of Program of Study and Admission Requirements
- Cost of Program's Tuition & Fees
- Cost of Textbooks & Supplies - Provide this information ASAP if not available to Coordinator.

Please contact us if you have any questions or if you would like to make an appointment: (604) 894-2300

- **Education Coordinator** casey.dick-wyatt@lilwat.ca
- **Receptionist/Administrative Assistant** onya.elliott@lilwat.ca
 - **Learning Facilitator** kim.mcleod@lilwat.ca

DEADLINE: May 1, 2018

Lil'wat Nation Application: Post-Secondary Sponsorship

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Previous Name: _____ Date of Birth: _____ Female Male Status

Number: **557** _____

Social Insurance Number: _____

Currently: (circle one) Student Employed Unemployed Social Assistance Other: _____

Marital Status: (circle one) Single Married/Common Law Other: _____

Spouse: (circle one, if applicable) Employed Unemployed Social Assistance Other: _____

Who do you live with? (Circle one) Parents Spouse/Partner Other _____

Do you plan to live in *On-campus Student Housing*? Yes No Cost \$ _____

Dependents*:

| Name(s) | Birth date(s) | Relationship to Applicant |
|----------|---------------|---------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

*If claiming dependants, please attach a copy of this year's *Canada Child Tax Benefit Form* (for children) and either a copy of the spouse's *T4 - Income Tax Return* or a statement of his/her earnings (for a dependent spouse).

Current Mailing Address: _____

Contact Details: cell # _____

home # _____

email _____

Facebook name (optional) _____

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Education – Program Information

A. Program Information:

- Name of Program being sought _____
- Level of Program being sought: (circle one)
 - ABE UCEP Certificate Diploma Bachelor's Degree Master's Degree
(One Level) (2nd Level) (3rd Level) (4th Level)
 - Doctoral Degree
(5th Level)
- Name & Address of College/University applied to:

B. Check the Eligibility of your program:

- Is this an eligible *school*? (Check school list in Funding Policy) Yes No
- Is this an eligible *program*? (Is it accredited? Does it require either a Grade 12 Graduation/equivalent OR a Grade 12 course?) Yes No
- Is the program at least 1 academic year in length? Yes No

C. What are the school's Admission Requirements to be accepted in this program?

- Grade 12 Graduation/equivalent English 12 Math 10/11/12 other _____

Have you met these requirements? Yes No **(Please provide Official Transcript to show this)**

D. Requesting sponsorship for:

- Full-time (includes; living allowance, tuition & required books/supplies) **OR**
 Part-time (includes; tuition, books & supplies only)

E. Type of Instruction: In Classroom On-line/Distance Education Combination

F. Dates:

- Length of entire program: _____ Yrs. _____ Mths.
- Your current year of study: 1st 2nd 3rd 4th 5th
- Please state the start & end dates for **the 2018-2019 year**: (ex. 9/6/16 to 4/28/17)
Start date: (mm/dd/yyyy) _____ End date: (mm/dd/yyyy) _____
- Expected Graduation/Completion date (mm/dd/yyyy) _____

G. Levels (credentials) obtained to date: (please circle)

High School Completion Certificate Adult Grad Certificate First Nations Graduation Diploma Dogwood
UCEP Certificate Diploma Bachelor's Degree Master's Degree

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H. Have you been sponsored as a student by Lil'wat Nation in the past? Yes No *If yes:

Part-time OR Full-time (with living allowance) Dates _____

Name of Program _____ Name of School _____

Did you complete/graduate from the program? Yes No

Education Letter of Intent (Questions)

Please let us know your plans by **either** completing the questions below or attaching your own letter:

Educational goals achieved so far:

Ex. I made it to grade 10 in High School, I started this program...

Educational goals wanting to achieve now:

Ex. I want to finish my grade 12, or upgrade for a program, take some courses towards, begin this program...

Educational goals for my future:

Ex. I want to graduate with a diploma, master's degree, doctorate in...

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Classes I plan on taking NEXT semester:

List class names, and if known the course numbers and amount of credits for each course that you plan on taking *for the upcoming* semester. Students applying for living allowance **MUST** take a full-time course load.

| Course Names | Course # | # of Credits |
|--------------|----------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Educational Services & Medical/Physical Conditions (optional)

Did you receive any of the following services in Elementary or Secondary School?:

Individualized Educational Program (IEP)

Modified Program

Worked with Resource Teacher

Other _____

To help us better serve you, please let us know if you have any medical/physical conditions:

Food Allergies: _____

Hearing: _____

Medical: _____

Vision: _____

Other: _____

Program Costs (Do NOT complete if attending Ts'zil)

IMPORTANT: According to Lil'wat Nation Funding policy, the Band will only cover **up to \$4000 a semester for tuition & \$1,000 for Required books/supplies.** Students will be responsible for paying anything over \$4000 for tuition and/or \$1,000 for books/supplies each semester. **In addition, the student will need to provide proof of external funding (student loan, employment, family support, etc) to be considered.** Please list costs below:

TUITION & FEES

- Program deposit (if applicable) \$ _____
- Fall: Tuition \$ _____ Student Fees \$ _____
- Spring: Tuition \$ _____ Student Fees \$ _____

TOTAL tuition & fees for the year: \$ _____

BOOKS & REQUIRED SUPPLIES

- Fall: Books/supplies \$ _____
- Spring: Books/supplies \$ _____

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TOTAL books & required supplies for the year: \$ _____ *** Please write your estimate here and

send a list of actual books/supplies & costs once you know them.

Student Agreement & Signature (All applicants)

| | |
|---|---|
| <div style="background-color: yellow; padding: 2px; display: inline-block;">SIGN HERE ----</div> <div style="color: yellow; font-size: 24px; margin-top: 5px;">➔</div> | <p style="text-align: center;"><i>I have read & agree to comply with the MCB Post-Secondary Funding Policy. I have completed this application with my correct information.</i></p> <p style="margin-top: 20px;">_____</p> <p style="margin-left: 20px;">signature</p> <p style="margin-left: 350px;">_____</p> <p style="margin-left: 350px;">date</p> <p style="margin-top: 20px;">_____</p> <p style="margin-left: 20px;">printed name</p> |
|---|---|

Family Information

Your Information

Your First & Last Name: _____

Your Lil'wat (Ucwalmicwts) name, if you have one: _____

Your Family's Information

Please write your parents and grandparents' English names & Lil'wat (Ucwalmicwts) names, if they have one:

| MOTHER'S SIDE | English Name | Lil'wat (Ucwalmicwts) name |
|---------------------------|--------------|----------------------------|
| Your Mother | | |
| Your Maternal Grandmother | | |
| Your Maternal Grandfather | | |

| FATHER'S SIDE | English Name | Lil'wat (Ucwalmicwts) name |
|---------------------------|--------------|----------------------------|
| Your Father | | |
| Your Paternal Grandmother | | |
| Your Paternal Grandfather | | |

