



Williams Lake
FIRST NATION

**U26 POST-SECONDARY
APPLICATION
PACKAGE AND CHECKLIST**

Year of Application: _____

Please ensure you have enclosed each of the following with your Application Package.
ONLY complete packages will be considered.

Please check each item that you have enclosed:

Completed and signed Application Form (All Applicants)

Photocopy (front & back) of Status Card (New Applicants)

Dependent Income **MUST** provide a copy of the Child Tax Benefit with dependent name(s) (All Applicants)

Letter of Acceptance/ Course Registration Form OR Expected date of Notification (All Applicants)

Official Transcript(s) (All Applicants)

Bank Institution account information for direct deposit-void cheque or letter from bank (New Applicants)

Detailed Letter of Intent (New Applicants)

- Career and educational goals;
- Employment and job/trend availability;
- Previous experience in the chosen field of study if applicable; and
- Steps taken to achieve university or college entrance.

List of Program fees and course outline for semesters 1 and 2 (All Applicants)

Letter of recommendation from instructor or employer (New Applicants)

Résumé (Masters and PhD Applicants)

U114 Williams Lake First Nation Arrears Policy confirmation letter from WLFN Finance department (All Applicants)

This application package is to be completed by Williams Lake First Nation members who are applying for financial assistance to pursue an educational program in either college or university.

The application deadlines are as follows:

- September/Fall Term – on or prior to June 1
- January/Winter Term – on or prior to October 1
- May/Summer Term – on or prior to March 1

Applications can be emailed, mailed, faxed or hand delivered to the following:

Williams Lake First Nation

Education Department
Attention: Senior Education Manager
2561 Quigly Dr
Williams Lake, BC,
Canada V2G 0B1

Toll Free: 1-877-856-3507
Phone: (250) 296-3507
Fax: (250) 296-4750
Email: norma.sure@wfn.ca

There is no **GUARANTEE** you will receive funding, however, your completed application will be reviewed and considered for funding. The priority for funding is as follows:

- A. **Continuing Students** - students enrolled and continuing in post-secondary studies
- B. **Grade 12 Students** - students who have graduated from a secondary school without a break in their studies and who have not previously received post-secondary funding.
- C. **Deferred Students** - students whose applications for financial assistance were deferred the previous year for lack of funds and who are reapplying for post-secondary funding.
- D. **Successful Students** - students who have completed an undergraduate degree program and are continuing on to an advanced degree program without a break in their studies.
- E. **Vocational/Part-time Students** - students who are applying for vocational training or part time post-secondary studies.
- F. Students who have previously received post-secondary funding but did not complete their Post-Secondary education programs. The circumstances under which a student decided not to continue post-secondary studies will be a factor in the WLFN Education Department's consideration of the application for assistance.

Office Use Only

A. Continuing Student B. Grade 12 Student C. Deferred D. Successful E. Vocational/PT F. Incomplete **APPLICANT INFORMATION**

Last Name		First Name		Middle I		Date	
Status #				Date of Birth			
Mailing Address				Apartment/Unit #			
City				Prov.		Postal Code	
Phone				E-mail Address			
Years lived at address		Cell#		Emergency Contact			
Marital Status	Single	Married	Common Law	Separated/Divorced			
Are you currently employed?	YES		NO	Employer			
If yes do you plan to continue employment?	YES		NO	If yes, how many hours per week			

SPOUSES INFORMATION

Last Name				Given Name			
Cell#				Employer			
Unemployed	YES	Receiving other benefits?	YES/NO	State Benefits (WCB, Pension, etc.)			

DEPENDENTS

Dependents are: Any person(s) who relies on a student for support and is living full-time with that student

Last Name	Given Names	Date of Birth	Relationship

PROGRAM INFORMATION

Institution Name				Student Number			
Funding Stream	Semester	Trades/Certificate			Open Learning		
Address:				Prov:	Postal Code:		
Program Name							
Length of Program		Start Date		End Date			
Occupational Field							
Full Time		Part-time		Current year of program			

EDUCATION / TRAINING HISTORY

	Name of School	Location	Duration	Completion	Certification	Band Funded?
High School						
College						
University						
Graduate School						
Other						

Circumstances for not completing ANY Education / Training Program(s)

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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				
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/career counsellor: YES NO Telephone #:				
I have made contact with the Aboriginal support worker at my Institution: YES NO				
FUNDING				
I have additional applications for funding to outside agencies or other programs ie: CCATEC, WLFN trades (please list)				
I have spoken with the financial aid department at my institution about funding YES NO				
I have received and included the U114 Williams Lake First Nation Arrears Policy confirmation letter from WLFN Finance department YES NO				
DECLARATION OF RESIDENCY				
I, _____, certify that I have been a resident of Canada for the last 12 consecutive months prior to this date.				
Applicant Signature			Date	
CODE OF CONDUCT AND SIGNATURE				
I hereby apply for educational sponsorship under the post-secondary student assistance program for the period indicated. I declare that the information contained in this application for sponsorship is accurate to the best of my knowledge. I understand that the falsification and misrepresentation of information, or the failure to abide by the terms of sponsorship may result in the discontinuation of sponsorship and/ or refusal for future financial assistance. I also understand that should I receive financial assistance under a false pretense, I will be liable for the repayment of such funds. I agree to provide proof of registration at the beginning of each term and to report any changes in program status immediately.				
Applicant Signature			Date	



Student Waiver

Education Institution _____

Address _____

Telephone # _____

Email address _____

Attention: Office of the Registrar

To Whom It May Concern:

As a student sponsored by Williams Lake First Nation, I hereby authorize the above named post-secondary education institution to release all transcripts, attendance records and other documents indicative of my progress to the Education Department, Williams Lake First Nation upon request.

Student Name: _____

Student Number: _____

Program of Study: _____

School Year: _____

Please forward documentation upon request to:

Williams Lake First Nation

Education Department
Attention: Senior Education Manager
2561 Quigly Dr
Williams Lake, BC,
Canada V2G 0B1

Toll Free: 1-877-856-3507
Phone: (250) 296-3507 ext 127
Fax: (250) 296-4750
Email: norma.sure@wlfm.ca

Student Signature: _____ Date: _____