



Application for Post-Secondary Education Sponsorship

Education and Social Development, 1900 Quail Lane, Westbank, B.C. V4T 2H3
Phone: 250-768-0227 Fax: 250-768-0528

*To be completed by Members applying for post-secondary education sponsorship
in accordance with Policy 2015-17 Post-Secondary Education Sponsorship*

PART A – STUDENT PROFILE

Last Name	First Name	Middle Initial(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (YYYY/MM/DD)	Social Insurance Number	Status Number	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time Employment Organization:	Employed Insurance (EI): <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Short Term <input type="checkbox"/> Long-Term	
Current Phone Number	Permanent Phone Number	Email	
Permanent Address	City	Province and Postal Code	
Address While Attending School	City	Province and Postal Code	
Mode of Housing:			
<input type="checkbox"/> WFN Housing <input type="checkbox"/> College/University Residence	<input type="checkbox"/> Private (Own) <input type="checkbox"/> Private (Rent)	<input type="checkbox"/> With Parent(s)/Guardian(s) <input type="checkbox"/> Other: _____	
Number of Dependents Residing with Applicant (Please list below):			
Dependent	Age and Date of Birth	Relationship	
Name of Next of Kin	Relationship	Phone Number	
Address	City	Province and Postal Code	
Banking Information			
For direct deposit purposes, the following items must be attached with this application:			

The personal information on this form is collected under section 15 of the Westbank First Nation Freedom of Information and Protection of Privacy Law 2018. The information will be used to evaluate and process Post-Secondary Education Funding applications. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 250-769-4999.

(See Instructions for Completing the Application for Post-Secondary Education Funding for further explanation.)

- Void cheque or bank information statement; and
- Electronic Funds Transfer (EFT) Authorization Agreement.

PART B – EDUCATION PROFILE

Previous Education and Training paid by WFN Education

Name of Institution	Location	Program Completed (Y/N)	Year of Completion	Certificate/Diploma/Degree Received

Reason for Not Completing

Post-Secondary Institution Information (please specify the institution you have been accepted to)

Name of Institution	Address	Advisor/Registrar
Phone Number	Email Address	
Student #	Studying: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter
Program / Course Name	Major/Minor	Length of Program
Start Date:	Completion Date	

PART C – REQUIRED DOCUMENTS

The following documents, containing the information described in Part C of the Instructions for Completing the Application for Post-Secondary Education Sponsorship, must be submitted with this application:

- | | |
|---|--|
| <input type="checkbox"/> Letter of Intent
<input type="checkbox"/> Proof of Acceptance/Registration
<input type="checkbox"/> Student Information Release Form
<input type="checkbox"/> Medical / Dental Waiver | <input type="checkbox"/> Post-Secondary Individual Education Plan
<input type="checkbox"/> Acceptance of Post-Secondary Funding and Promissory Note
<input type="checkbox"/> EFT Authorization Agreement
<input type="checkbox"/> Void Cheque or Bank Information Statement |
|---|--|

PART D - ACKNOWLEDGMENT, DECLARATION, AND SIGNATURES

By submitting this application form, along with all required documents, I understand, acknowledge, and declare that:

- The information provided by me within this application is complete, correct, and given in order to substantiate my entitlement to post-secondary education funding.
- I will advise Education and Social Development of any change to my course load, marital status, family size, or other circumstances that may affect my eligibility for post-secondary education funding from WFN.
- I accept responsibility for satisfying the academic or training requirements of the Post-Secondary Institution for which I receive post-secondary education sponsorship.
- I will be responsible for managing any post-secondary education funds received from WFN to the best of my ability.

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I authorize Education and Social Development to disclose any information contained within this application to such source or any such reporting agency, in order to verify or confirm the information.

PART D - ACKNOWLEDGMENT, DECLARATION, AND SIGNATURES (Continued)

Post-secondary education sponsorship obtained from WFN under false pretenses or misrepresentation may result in serious consequences up to, and including, disqualification from all post-secondary education sponsorship and prosecution under the Criminal Code of Canada.

Signature of Student:	Date:
Signature of Parent/Guardian (if applicant is under 19 years of age):	Date:
Signature of Witness:	Date:

Office Use Only

Date Received by WFN:	
Student CC# Code	

- Diploma/Certificate
- Undergraduate (i.e. Bachelor degree, first professional degree, university type certificate or diploma)
- Post-Graduate (i.e. Licence graduate, Masters degree and qualifying year, PhD and qualifying year, earned Doctorate, graduate level certificate or diploma)
- Other (i.e. Adult Basic Education Upgrade / Courses shorter than one year)

Required Submissions

- | | |
|---|---|
| <input type="checkbox"/> Letter of Intent | <input type="checkbox"/> Post-Secondary Individual Education Plan |
| <input type="checkbox"/> Proof of Acceptance/Registration | <input type="checkbox"/> Acceptance of Post-Secondary Funding and Promissory Note |
| <input type="checkbox"/> Student Information Release Form | <input type="checkbox"/> EFT Authorization Agreement |
| <input type="checkbox"/> Medical / Dental Waiver | <input type="checkbox"/> Void Cheque or Bank Information Statement |

This application is recommended for the following post-secondary education funding:

Student status	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
<input type="checkbox"/> Tuition Allowance		
<input type="checkbox"/> Living Allowance		
<input type="checkbox"/> Textbooks, Materials, and Supplies Allowance		

This application is denied post-secondary education funding for the following reasons:

Signature of Education and Social Development Manager:	Date:
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Instructions for Completing the Application for Post-Secondary Education Funding

Education and Social Development, 1900 Quail Lane, Westbank, B.C. V4T 2H3
Phone: 250-768-0227 Fax: 250-768-0528

IMPORTANT INFORMATION TO KNOW BEFORE FILLING OUT YOUR APPLICATION

- Read Policy 2015-17 Post-Secondary Education Funding.
- The Application for Post-Secondary Education Funding must be fully completed and submitted on or before May 15.
- Applicants must complete all sections of the application form and submit all required documents with it in order for the application to be considered complete. **Failure to provide this information may result in delays in processing, notification, and funding.**
- Once Education and Social Development staff have processed your application, they will notify applicants, in writing, at the address provided on the application form.
- If you have any questions or require assistance completing any part of your application, contact the Education and Social Development Manager at the contact information above.

PART A – STUDENT PROFILE

This part provides WFN with your basic personal information including, but not limited to, your housing arrangements, dependents, and banking information for deposit of funds.

PART B – EDUCATION PROFILE

This part provides WFN with your education and training received to date and post-secondary education plans.

PART C – REQUIRED DOCUMENTS

Letter of Intent

Provide a letter of intent that demonstrates your commitment to clearly defined education goals and that outlines your plans for the timeframe for which you are requesting post-secondary education funding. Your letter of intent must include your name, current level of education, intended program(s) of study, whether you will be studying as a Full-Time Student or a Part-Time Student (see Definition section of Policy 2015-17 Post-Secondary Education Funding), length of time it will take to reach your goals, and any other details pertaining to your commitment to your post-secondary education.

Post-Secondary Individual Education Plan

This document, which is Appendix B of Policy 2015-17 Application for Post-Secondary Education Funding, provides WFN with the full details of your future educational plans, including course titles and descriptions, number of credits per course, cost per credit, and the financial commitment required to meet your educational goals.

Proof of Acceptance/Registration

Provide proof of your acceptance or registration from the Post-Secondary Institution for which you are applying for post-secondary education funding.

Acceptance of Post-Secondary Funding and Promissory Note

This legal document, which is Appendix G of Policy 2015-17 Application for Post-Secondary Education Funding, outlines your contractual obligations. Read the document carefully before signing your name and submitting it with your application. If you are under 19 years of age, your parent or guardian must also sign the promissory note. A witness to the signatures must also sign the promissory note.

PART C – REQUIRED DOCUMENTS (Continued)***Student Information Release Form***

This legal document, which is Appendix F of Policy 2015-17 Application for Post-Secondary Education Funding, provides WFN with your permission to access your student records from the Registrar's Office. Access to your student records is required for funding purposes, and, on occasion, to verify and confirm that you are attending your classes and adhering to a desired academic standard.

Student EFT Authorization Agreement

This agreement authorizes WFN to direct payments electronically to the bank account specified on the agreement.

Medical / Dental Waiver

This document waives acceptance of the medical/dental plan offered by the Post-Secondary Institution on the basis that WFN Members have a medical/ dental plan available through Westbank First Nation and the Indigenous Services Canada Non-Insured Health Benefits Program. Applicants who fail to provide this form to Education and Social Development are responsible for costs billed to WFN for the applicant's participation in the Post-Secondary Institution's medical/dental plan.

Void Cheque or Bank Information Statement

A void cheque or a bank information statement will provide WFN with accurate banking information for depositing funds to the accounts of individuals funded under this policy. Bank information statements may be obtained from your financial institution.

PART D - ACKNOWLEDGMENT, DECLARATION, AND SIGNATURES

The Application for Post-Secondary Education Funding is a legally binding document. Applicants are therefore encouraged to make sure they thoroughly understand Policy 2015-17 Application for Post-Secondary Education Funding and that the information contained in their application is, to the best of their knowledge, a true representation of the facts.