



McLeod Lake Indian Band

Education Department
General Delivery, McLeod Lake BC V0J 2G0
Phone: (250) 750-4415
Fax: (250) 750-4420
www.mlib.ca

POST-SECONDARY EDUCATION ASSISTANCE APPLICATION

SECTION 1 CRITERIA CHECKLIST

- _____ Are you an eligible member of the McLeod Lake Indian Band?
- _____ Have you been accepted into a recognized educational institution?
- _____ Have you attached their confirmation of acceptance to this application form?
- _____ Have you requested an Official Transcript for your last period of study?
- _____ Have you researched all other possible funding sources?

SECTION 2 ADDITIONAL DOCUMENTS

Application form must include:

- _____ Proof of citizenship (copy of Status Card or a Treaty Number)
- _____ Proof of dependents (Revenue Canada documentation)
- _____ Letter of acceptance to program
- _____ Official copy of most recent transcripts
- _____ Statement of Intent:
 - Education/career goals and action plan.
 - Why you are applying for educational funding.
 - If you are studying out of ordinary place of residence, explanation required.
 - Any other information that will help the MLIB Education Department make a decision.

**SECTION 3
PERSONAL INFORMATION**

Name: _____
First (Legal Given) Middle Initial Surname (Legal Last Name)

Date of Birth: (DD/MM/YYYY) _____

Gender: _____ Male _____ Female _____ Prefer not to disclose

Contact Number: _____

Status Number _____

Mailing Address: _____
Apt/Unit Street City

Province/Territory Postal Code

Permanent Address: _____
(if different than above) Apt/Unit Street City

Province/Territory Postal Code

Email Address: _____

Marital Status: _____ Single, independent
 _____ Single, living with parents
 _____ Married, with Employed Spouse
 _____ Married, with Dependent Spouse

Dependents are: any child or children under the age of 18 that rely on the student for support and are living full-time with the student

Name	Date of Birth	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 4
BACKGROUND INFORMATION**

Current Sources of Income: *(check all that apply)*

- Employed
 - Full-Time
 - Part-Time
- Receiving Temporary Financial Assistance
- Personal Savings
- Family Contributions
- EI or WCB
- Other: _____

Education and Training History					
Name of School	Location	Duration	Completed	Certification	Band Funded
High School					
College					
University					
Graduate School					
Other					

Declaration of Residency

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

Signature:	Date:
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SECTION 5
SCHOOLING INFORMATION

Institution Name: _____

Program Name: _____

Campus Location: _____

Student Number: _____

Length of Program: 1 Year 2 years 3 years 4 years

Start Date: _____ Expected Graduation Date: _____

Occupational Field: _____

Current Year of Program: 1st 2nd 3rd 4th

Program Completion Plan:

Total number or credits required for completion: _____

I have consulted with an academic advisor/career counsellor: Yes No

I have made contact with the Aboriginal Support Worker at my institution: Yes No

Level of Study: _____ Certificate _____ Full-Time
 _____ Diploma _____ Part-Time
 _____ Bachelors
 _____ Masters

**SECTION 6
EDUCATION PLAN**

Student Name: _____ Date: _____

1. Long-term goal (Education, Job, Career) next 5 years: _____

2. Short-term goal (Diploma, College, University): _____

3. Planning:

Year 1 Dates: _____ Program: _____

Courses:

Year 2 Dates: _____ Program: _____

Courses:

Year 3 Dates: _____ Program: _____

Courses:

Year 4 Dates: _____ Program: _____

Courses:

Study Plan (Complete Using Your School Calendar)				
	Fall Session	Winter Session	Spring Session	Summer Session
Duration				
Number of Courses				
Number of Credits				
Full Time/Part Time				
List Months for which living allowance requested:				
Total number of months of living allowance requested:				

**SECTION 7
STUDENT DECLARATION**

I hereby declare that all information I have provided is complete and true. I understand that any misleading or fraudulent information will disqualify me from obtaining this funding and other funding that is offered by the McLeod Lake Indian Band.

I understand that it is my responsibility to provide the McLeod Lake Indian Band Education Department with written notice of any and all changes that may affect this training application or funding agreement.

I understand that if I am suspended, released, or do not complete my education program for any unjustified reason, I will be required to reimburse the McLeod Lake Indian Band for the full amount of funding received.

I understand that I must provide proof of completion to the McLeod Lake Indian Band Education Department as soon as possible when the course is completed.

I authorize the McLeod Lake Indian Band Education Department to access information and documentation from any educational institution regarding my academic progress, attendance, and official transcripts.

I authorize the McLeod Lake Indian Band Education Department to share necessary information with departments of the British Columbia Government, the Government of Canada, educational institutions, or funding providers.

I authorize my educational institution to invoice McLeod Lake Indian Band Education Department directly for the costs of my tuition at this address:

I, the student, have read and understand the contents of this letter, signing this document will allow the institute to provide the McLeod Lake Indian Band with information regarding registration, grades, attendance, transcripts and other information as required to continue education funding.

ONCE SIGNED, THE STUDENT UNDERSTANDS THAT THIS LETTER WILL LIFT THE “ACCESS TO INFORMATION AND PRIVACY ACT” RESTRICTIONS AND THAT THE SPONSOR, BEING MCLEOD LAKE INDIAN BAND EDUCATION DEPARTMENT MAY ACCESS MY STUDENT RECORDS FOR INFORMATION WHEN THERE IS A QUESTION REGARDING MY REGISTRATION, GRADES, ATTENDANCE, TRANSCRIPTS AND OTHER INFORMATION SPECIFICALLY RELATING TO OR AFFECTING MY EDUCATION.

STUDENTS, MAKE SURE THAT YOU UNDERSTAND THIS CLAUSE.

*McLeod Lake Indian Band - Education Department
General Delivery, McLeod Lake BC V0J 2G0*

Student Name

Signature

Date

Jodie Ware, Education Director

Date

SECTION 8
STUDENT CONTRACT

In the event that I receive educational assistance from the McLeod Lake Indian Band for Post-Secondary Educational purposes, I _____do hereby agree to the following terms and conditions:

- 1) I understand that my Post-Secondary Education Application will be reviewed based on established Policy and Procedures.
- 2) Upon confirmation of sponsorship, I agree to abide by the McLeod Lake Indian Band’s Post-Secondary Policy and Procedures.
- 3) That any false information on the Post-Secondary Education Application will dis-entitle me to post-secondary funding.
- 4) That I will inform the Education Director of any changes to the status of my living, education and personal plans.
- 5) It is understood that I will provide any required sponsorship documents for the Education Director.
- 6) That if I do not meet the minimum grade point average, that I will agree to an academic review period as stated in the McLeod Lake Indian Band’s Post-Secondary Policy and Procedures.
- 7) That tuition, books and supplies are paid directly to the education institute and its bookstore, or, based on prior arrangements with the Education Director.
- 8) That if I am entitled to a living allowance, it will be released on the 20th of each month in which I am entitled.
- 9) Until all transcripts of sponsored courses have been provided to the Education Director, I understand that I will not be eligible for further funding.
- 10) That any amount exceeding books and supplies allowance must get authorization from the Education Director.

Student Print Name

Date

Education Director Print Name

Date

Code of Conduct and Signature	
I certify that my answers are true and complete to the best of my knowledge	
Signature	Date

Application Deadline: April 1st annually

Please complete and return to:

McLeod Lake Indian Band
Attention: Education Department
General Delivery McLeod Lake BC V0J 2G0
Telephone: 250-750-4415 | **Fax:** 250-750-4420
Email: jware@mllib.ca

RECEIVED

Received on (DD/MM/YYYY): _____

REVIEWED

Reviewed by: _____

Application was: _____ Approved
 _____ Conditionally Approved
 _____ Rejected

Notes:

Appendix B

LIVING ALLOWANCE

Living allowance is designed as an income subsidy to students who require financial assistance and who have little or limited other means of support, and will normally only be provided up to a maximum of eight months in any given calendar school year.

Whereas, the living allowance established by the Canada Student Loan Program, as amended from time to time is a guide that McLeod Lake Indian Band Education Department utilizes as a reference.

Rates are based on the Canada Student Loan Need Assessment Living Allowance and what category you fall under as a student (i.e.: single living away, single with dependents, married etc.). McLeod Lake Indian Band Education Department reserves the right to make changes due to budgetary restrictions and to maximize the number of students to access the Post-Secondary Education Programs. A pro-rated living allowance may be issued and is dependent upon start and end dates of the program.

The following is a monthly level of support provided for living expenses.

STUDENT DEMOGRAPHIC	MONTHLY ALLOWANCE 2019	MONTHLY ALLOWANCE 2016
Single Student		
Single Student, living with Parent	\$700.00	\$600.00
Single Student, 0 Dependents	\$1,400.00	\$1200.00
Single Student, 1 Dependent	\$1,600.00	\$1300.00
Single Student, 2 Dependents	\$1,800.00	\$1400.00
Single Student, 3 Dependents	\$2,000.00	\$1500.00
Single Student, 4 or more Dependents	\$2,200.00 Note: \$200.00 per additional dependent.	\$1600.00 Note: \$100.00 per additional dependent.
Married/Common-Law Student with Dependent Spouse earning less than \$25,000.00 per annum		
Student living with Spouse, 0 Dependents	\$1,200.00	
Student living with Spouse, 1 Dependent	\$1,400.00	
Student living with Spouse, 2 Dependents	\$1,600.00	
Student living with Spouse, 3 Dependents	\$1,800.00 Note: \$200.00 per additional dependent.	*Not identified*
Married/Common-Law Student with Employed Spouse (a spouse earning more than \$25,000.00 per annum)		
Student living with Spouse, 0 Dependents	\$700.00	
Student living with Spouse, 1 Dependent	\$900.00	
Student living with Spouse, 2 Dependents	\$1,000.00	
Student living with Spouse, 3 Dependents	\$1,100.00 Note: \$100.00 per additional dependent.	*Not Identified*

MCLEOD LAKE INDIAN BAND POST-SECONDARY EDUCATION POLICY – Appendixes

To be eligible to receive additional living allowance for dependents, those dependents must be living in the same residence as the student and under 18 years of age.

Full-time students may receive financial support in the form of a living allowance to be used toward living costs such as food, shelter, clothing, daily transportation, utilities, daycare, and other personal items.

Full-time students who are employed are not entitled to receive living allowance but will receive tuition and fees if they qualify under the Post-Secondary Education financial assistance program. Part time student (and those working) are eligible for funding but must disclose their employment status to the Education Department and must maintain a satisfactory academic and attendance record.

Part-time students are not eligible for living allowance.

Living allowance does not include:

- *household operation costs for pet expenses, horticultural goods and services
- *household furnishings and equipment and services related
- *gifts and contributions for persons outside the household
- *miscellaneous costs such as interest on loans, unions or association dues
- *recreation equipment, vehicles and services, home entertainment
- *security costs for life insurance, etc.
- *tobacco products and alcoholic beverages.
- *damage deposit/first month rent or outstanding unpaid rent

Appendix C

Student Progress Report

Student Name: _____

Sponsoring Agency: McLeod Lake Indian Band

To ensure the McLeod Lake Indian Band Education Department's continued financial support it is important that every post-secondary student submit a Student Progress Report by the 25th of each month. Please fax all completed forms attention: Jodie Ware, 250-750-4420 or email jware@milib.ca. Thank you for your co-operation.

<i>Course</i>	<i>Attendance (% of class attended) (dates included)</i>	<i>Grades to Date</i>	<i>Instructor Signature</i>

Comments:

Student Signature: _____

Date: _____

Appendix D

Academic Probation Contract

I, _____ agree to take responsibility for improving my academic
(Student Name)

standing at _____ by implementing the action
(Institution Name)

plan described below for the _____ semester, in the year _____.

Student's Plan and Goals:

Scheduled bi-weekly meetings with my educational advisor, _____, to discuss my academic progress in each of my registered courses. At these meetings an appropriate action plan will be developed and followed for each of my registered courses. The action plan will require that I:

1. Attend all scheduled classes, complete and submit all assignments.
2. Maintain a Term Grade Point Average (GPA) of 2.0 for the current semester.
3. Contact the McLeod Lake Indian Band Education Director if I decide to withdraw from any courses/programs for any reasons.
4. Seek tutoring for courses with which I may be having difficulty.

I, understand the above terms and conditions and am responsible for ensuring that I meet the above detailed contract. I understand that I risk having my sponsorship withdrawn if I am unable to maintain a minimum GPA of 2.0. Re-sponsorship may be determined at discretion of the Education Director, and may involve a negotiated repayment of some of my education costs to McLeod Lake Indian Band Post-Secondary Education Program.

Student Signature

Date

Education Director Signature

Date