



# McLeod Lake

# Indian Band

## Education Department

### RE: POST SECONDARY APPLICATION PACKAGE 2014

General Delivery, McLeod Lake, BC V0J 2G0  
Main Office (250) 750-4415 Fax: (250) 750-4420

New Student  Continuing Student

#### Required Applicant Information

##### 1. Personal Data

_____	_____	_____
Last Name	First Name	Middle Initials
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (MMDDYY)	Status Number	
_____	_____	
Mailing Address	City	
_____	_____	_____
Province	Postal Code	Email Address
_____	_____	_____
Phone Number	Cell Number	

I, confirm that I have resided in Canada for the past 12 months  
Yes  No

Marital Status: Married  Single  Common-Law   
Single living with parents

Spouse: Employed  Full-Time  Part-Time  Unemployed

Name of Dependents (dependent meaning child under the age of 18 living in your household full-time)

1. _____	DOB: _____
2. _____	DOB: _____
3. _____	DOB: _____



4. \_\_\_\_\_ DOB: \_\_\_\_\_

5. \_\_\_\_\_ DOB: \_\_\_\_\_

## 2. Previous Education & Training

<i>Institute Name</i>	<i>Program</i>	<i>Dates (include # of years)</i>	<i>Completed (yes or no)</i>

## 3. Education Plan and Goals

Name of Institute Applying/Enrolled: \_\_\_\_\_

Program: \_\_\_\_\_

Campus Location: \_\_\_\_\_

Full Time  or Part Time   
(12 credits or more) (Less than 12 credits)

Length of Program/Course as specified by institute: \_\_\_\_\_

Level/Year of Program YOU are in at present: \_\_\_\_\_

Months/Years of Sponsorship Requesting: \_\_\_\_\_

Intended/Actual Start Date: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Program Type: Please check applicable.

Upgrading  Certificate:  Diploma:  Bachelor:   
Master's:  Doctorate:

Please list your planned course load (first semester to last semester of program type).  
Please note, that 2 semesters = 1 school year (8 months), etc.

Semester 1				
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Semester 2				
Semester 3				
Semester 4				
Semester 5				
Semester 6				
Semester 7				
Semester 8				

#### Funding Request

<b>Types of Funding</b>	<b><u>Semester</u></b>	<b><u>Semester</u></b>	<b><u>Semester</u></b>
Living Out Allowance <i>Only if taking full course load (12 credits or higher) to be eligible</i>	Yes / No	Yes / No	Yes / No
Books and Supplies (approx)			
Tuition			
Other			
<b>TOTAL</b>			

#### 4. Consent to Release Information (Mandatory to be signed every school year)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Student#: \_\_\_\_\_



Phone#: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

To give the McLeod Lake Indian Band Education Supervisor/Coordinator information regarding my attendance, effort, progress and transcripts.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Oath of Confidentiality (Education Department to sign every year)

I, \_\_\_\_\_ as the Education Supervisor/Coordinator of the McLeod Lake Indian Band, do hereby swear that all information received about the above name student will be kept in the strictest of confidence. I full understand the implications of releasing information about the above named student to any source other than those discussed with the student.

Education Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. McLeod Lake Indian Band Post Secondary Student Contract (to be signed and valid for one school year)

In the event that I received educational assistance from the McLeod Lake Indian Band for Post Secondary Educational purposes, I \_\_\_\_\_ do hereby agree to the following terms and conditions:

- a. I understand that I am to attend classes on a regular basis, satisfy all course requirements to meet and maintain an acceptable grade for the Academic Institution being attend;
- b. I understand that my approval for education assistance is subject to the availability of funding.
- c. I understand that I must be enrolled in a minimum of four (4) courses per semester and that I must maintain a grade point average of 2.0;
- d. I understand that this is my responsibility to inform to the McLeod Lake Indian Band Supervisor/Coordinator if problems arise making it difficult to fulfill the above requirements;
- e. I understand that the McLeod Lake Indian Band Supervisor/Coordinator has the right to see progress and attendance reports set forth by the Academic Institution being attended;
- f. I understand that it is my responsibility to submit my official transcripts to the McLeod Lake Indian Band Education Supervisor/Coordinator **within four (4) weeks of semester completion or** risk my funding to be halted up to one (1) semester;
- g. I understand that in the event that I receive education funds under false pretences, I will be liable to repay the full amount or any designated portion of the total amount to the McLeod Lake Indian Band Education Department (all cases to be reviewed on an individual basis);



- h. I understand that if I do not pass courses sponsored by the McLeod Lake Indian Band Education Department, that the same course name(s) will not be sponsored by the McLeod Lake Indian Band Education Department in the future semesters;
- i. I understand that if I fail all courses in a semester that I would be expected to repay the cost of tuition, books and or living out allowance, or self sponsor myself for one (1) semester before funding by the McLeod Lake Indian Band Education Department can be considered;
- j. I understand that if I fail to attend classes in a semester and do not inform the McLeod Lake Indian Band Education Department, that I will be expected to repay the cost of tuition, books and living out allowances;
- k. I also understand in order to be eligible for education assistance I must meet the criteria as established in the MLIB Post Secondary Education Policy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Education Supervisor/Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

6. Please provide a brief outline of your intent of your education goals in ensuring a successful academic program. Have you changed your academic goal or institute location? If yes, please indicate the name and attached your new academic planned course load (you are only allowed to change programs once). Name of Institute/Campus applying to: \_\_\_\_\_

7. With your initial application, in order to be considered for post secondary funding, all students MUST provide the Education Department with copies of the following:

- a. All transcripts prior to the date of application                      Yes \_\_\_\_\_      No \_\_\_\_\_
- b. Letter of Acceptance from Institute                                      Yes \_\_\_\_\_      No \_\_\_\_\_



- |   |           |          |
|---|-----------|----------|
| c. Program Information                                | Yes _____ | No _____ |
| d. Confirmation of course list & schedule             | Yes _____ | No _____ |
| e. Student Release of Information (signed by student) | Yes _____ | No _____ |
| f. Student Contract (signed by student)               | Yes _____ | No _____ |
| g. Copy of status card                                | Yes _____ | No _____ |

I, \_\_\_\_\_ hereby swear that the information provided by myself in this package is true, and in the event of false information presented by myself, that I will be liable to repay the full amount or designated portion of the total amount to the McLeod Lake Indian Band Education Department.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Date of Application Received: \_\_\_\_\_

New Student

Previously Sponsored  Year(s): \_\_\_\_\_

Reason: \_\_\_\_\_

Continuing Student

Application Approved

Application Denied

Application Deferred:  Reason: \_\_\_\_\_

\_\_\_\_\_  
MLIB Education Supervisor/Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

