



McLeod Lake Indian Band

Education Department
General Delivery, McLeod Lake BC V0J 2G0
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www.mlib.ca

POST-SECONDARY EDUCATION ASSISTANCE APPLICATION

SECTION 1 CRITERIA CHECKLIST

- _____ Are you a 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 possible other 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, explaining why
 - 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: _____ Emergency 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:

**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

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:				

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 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 disentitle 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.
- 1) It is understood that I will provide any required sponsorship documents for the Education Director.
- 2) 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.
- 3) That tuition, books and supplies are paid directly to the education institute and it's bookstore, or, based on prior arrangements with the Education Director.
- 4) That if I am entitled to a living allowance, it will be released on the 20th of each month in which I am entitled.
- 5) Until all transcripts of sponsored courses have been provided to the Education Director, I understand that I will not be eligible for further funding.
- 6) That any amount exceeding books and supplies allowance must get authorization from the Education Director.

Student

Print Name

Date

Education Coordinator

Print Name

Date

Section 9

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 2024	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

