



# McLeod Lake Indian Band

Education Department  
General Delivery, McLeod Lake BC V0J 2G0  
Phone: (250) 750-4415  
Fax: (250) 750-4420  
[www.mlib.ca](http://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 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: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

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

<b>Study Plan</b> (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
<b>Single Student</b>		
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.
<b>Married/Common-Law Student with Dependent Spouse earning less than \$25,000.00 per annum</b>		
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*
<b>Married/Common-Law Student with Employed Spouse (a spouse earning more than \$25,000.00 per annum)</b>		
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

