



Neskonlith Indian Band

743 Chief Neskonlith Drive
Box 318, Chase, BC V0E 1M0
T: 250.679.3295 F: 250.679.5306
www.neskonlith.net



Post-Secondary Education Sponsorship Application 2024/2025

Student Name: _____

Date: _____

To: Neskonlith Member Applicants
From: Neskonlith Education Department
Email: programcoordinator@nibeducation.com
Phone: (250)-679-3295 EXT: 239
Fax: (250)-679-2968

Deadlines:

New Post-Secondary Students: April 30th
Returning Post-Secondary Students: February 15th
Returning Post-Secondary Masters Students:..... April 30th

Students who submit applications after the deadline will be added to a waiting list and will be processed if funding is available.

There are a limited number of sponsorship funds available to the Education Department, and we are unfortunately unable to sponsor every student who applies for sponsorship. As a result, it is advisable for applicants to submit their application as soon as possible. Please note that this application does not constitute approval of your post-secondary funding.

Required Documents

Check List

ALL THE FOLLOWING DOCUMENTS MUST BE COMPLETED BEFORE SUBMISSION.

In compliance with the Post-Secondary ISC Policy Manual

- ☐ Fully completed Neskonlith Post-Secondary Application Form (**incomplete applications will not be processed**).
- ☐ 5 Year Student Learning Plan
- ☐ Letter of Acceptance OR Registration confirmation from an Academic Counsellor
- ☐ Course outline and tuition fees – FROM THE INSTITUTION
- ☐ Most recent transcripts
- ☐ Proof of status
- ☐ VOID Cheque
- ☐ Scheduled appointment booked with the program coordinator (zoom, call, or in-parson)

Date: _____



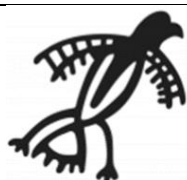
Application for Post-Secondary Education Sponsorship

Neskonlith Indian Band

Education Department - 743 Chief Neskonlith Dr, PO Box 318, Chase, BC, V0E 1M0

Phone: (250)-679-3295 EXT: 239

Fax: (250)-679-2968



SECTION ONE – STUDENT INFORMATION

Last Name		First Name		Middle Initial(s)	☐ Male ☐ Female
Preferred Name (if applicable)		Pronouns		Date of Birth (YYYY/MM/DD)	
Social Insurance Number			Status Number		
Phone Number			Email		
Physical Address		Town/City		Province and Postal Code	
Mailing Address (if different)		Town/City		Province and Postal Code	
Employed?	☐ Yes ☐ No				Employer (if applicable)
If yes:	☐ Full Time ☐ Part Time				
Marital Status:		☐ Single ☐ Single with dependents ☐ Married ☐ Common-law			
Emergency Contact:		Phone Number		Relationship	
Housing:					
☐ Band Housing ☐ College/University Residence		☐ Private (Rent) ☐ Private (Own)		☐ Living with parents/guardians/relatives ☐ Other: _____	
Dependents Residing with Applicant (Please list below)					
Dependent		Age & Date of Birth (YYYY/MM/DD)		Relationship	

Require Full-Time Funding (includes tuition, books, & living allowance):

☐ Yes

☐ No

Require Part Time Funding (tuition, & books only):

☐ Yes

☐ No

Note: Students that are working full-time are not eligible for a living allowance



SECTION TWO – FINANCE DEPARTMENT

Confirmation of any debt owing to the Neskonlith Indian Band

Is there any money owed to the Neskonlith Indian Band? ☐ Yes ☐ No

If yes, Is there a repayment agreement in place? ☐ Yes ☐ No

** Finance Director Authorization:

Please be aware that without a signed repayment agreement, this application will not be processed

SECTION THREE – EDUCATION

List your previous education history

Name of Institution	Location	Program Completed?	Year of Completion	Certificate/Diploma/Degree Received
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

Reason for Not Completing:

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

Name of Institution:			
Address of Institution:			
Name of Advisor/Registrar:			
Phone Number:			
Email Address:			
Student Number:	☐ Full Time ☐ Part-Time	Semester:	☐ Fall ☐ Winter
Program Course Name:			
Length of Program:	Start Date:	End Date:	
Program Type:			
☐ Diploma ☐ Certificate ☐ Trades ☐ Undergraduate Degree ☐ Post-Graduate Degree			

Course Selection (1st Semester)

Course	Credits	Tuition Costs	Book Costs

Course Selection (2nd Semester)

Minimum of 12 Credits*

Course	Credits	Tuition Costs	Book Costs

Total Amount Requesting

Please note that there is a minimum of 12 credits for the academic year.



Student Contract

I, _____, hereby agree to the following terms and conditions for the educational funding I shall receive from the Neskonlith Indian Band.

1. I have taken the necessary steps before applying for funding from the Neskonlith Indian Band, such as searching for bursaries and other funding sources.
2. I acknowledge that I must regularly attend classes, fulfill all course requirements, pass all courses, and maintain a passing grade point average (GPA).
3. I understand that I am responsible for informing the Education Coordinator/Director of any changed to my enrolment or living arrangements.
4. I understand that if I fail to meet and maintain the requirements, the Neskonlith Indian Band Education Department may deny further financial assistance for my post-secondary education at their discretion.
5. I understand that I must submit all official transcripts to the Neskonlith Education Coordinator after each semester. Failure to do so may result in the withholding of my living allowance, tuition, and book payments.
6. I understand that if I receive funding under false pretenses, I agree to repay the full or partial funding to the Neskonlith Indian Band. This applies if I withdraw from courses, drop out, fail courses, or do not complete courses as required.
7. I understand that my application for assistance depends on the availability of post-secondary funding from ISC, which may include minimum or partial funding.
8. I understand that if funding from the Neskonlith Indian Band is unavailable, the Education Coordinator will recommend and provide letters of support for alternative funding options.
9. I agree with the criteria outlined for eligibility in the Post-Secondary Education Financial Assistance Program.
10. I understand that any inquiries or requests outside of the approved sponsorship must be submitted in writing.
11. I understand that financial inquiries should be directed solely to the Education Coordinator via email, fax, or phone call.

Please ensure that you have read this contract over carefully.

Applicant Signature

Date



Parent/Guardian Contract

Please be advised that any band member applying for post-secondary funding and received approval must adhere to the terms and conditions outlined in the student contract. Failure to comply will result in repayment to the Neskonlith Indian Band for tuition, books, and living allowance. Therefore, the Neskonlith Education Department aims to ensure that parents/guardians are informed about the student contract and its requirements for receiving funding.

By signing the parent/guardian contract for applicants aged 21 years and younger, you are agreeing to the following:

1. I, the legal guardian/parent of the applicant, have read the Neskonlith Indian Band Post-Secondary Policy and application with the applicant.
2. I, the legal guardian/parent of the applicant, agree to the terms and conditions of the Student Contract signed by my child in the Post-Secondary Application.
3. I, the legal guardian/parent of the applicant, am aware that my child will be responsible for repaying the Neskonlith Indian Band if they fail to meet the terms and conditions of the Student Contract.
4. I, the legal guardian/parent of the applicant, agree to support my child in adhering to the terms and conditions of the Student Contract to ensure their academic success and fulfillment of all requirements.
5. I, the legal guardian/parent of the applicant, acknowledge that signing this Parent Contract is a mandatory requirement for my child's application to be considered. Failure to sign this Parent Contract could result in the application being denied.

Please ensure that you have read this contract over carefully.

Parent/Guardian Signature

Date



Authorization for Release of Information to Third Party

I, _____ ,

(Student Name, please print clearly)

Hereby authorize:

Institution Name: _____

Address: _____

Advisor Name: _____

Email: _____

To release the following information:

- **Progress report**
- **Attendance report**
- **Financial and tuition statements**
- **Enrollment status**

To the Neskonlith Indian Band Education Coordinator

I understand that all such information will be kept in the strictest confidence by the Neskonlith Indian Band.

Applicant Signature

Date



5 Year Student Learning Plan

Student Name: _____
Institution Name: _____
Program Title: _____ Current Year of Study _____

Short-Term Education Goal (goals for this year): _____

Long-Term Education Goal: _____

Degrees/Certifications/Skills you aim to achieve: _____

Credits per academic year: _____

Duration to complete your education goal (ie: 4 courses per semester x how many semesters to complete):

Career goals and your plan to achieve it: _____

Applicant Signature

Date

Education Coordinator Signature

Date