



# Neskonalith Indian Band

743 Chief Neskonalith Drive  
Box 318, Chase, BC V0E 1M0  
T: 250.679.3295 F: 250.679.5306  
[www.neskonalith.net](http://www.neskonalith.net)



## Post-Secondary Education Sponsorship Application

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To:** Neskonalith Member Applicants  
**From:** Neskonalith Education Department  
**Email:** [postsecondary@nibeducation.com](mailto:postsecondary@nibeducation.com)  
**Phone:** (250)-679-3295 EXT: 127  
**Fax:** (250)-679-2968

### **Deadlines:**

New Post-Secondary Students: ..... April 30<sup>th</sup>

Returning Post-Secondary Students: ..... April 30th

Returning Post-Secondary Masters Students: ..... April 30<sup>th</sup>

**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 Neskonalith 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-person)

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)	<input type="checkbox"/> Male <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Employer (if applicable)
If yes:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Single with dependents <input type="checkbox"/> Married <input type="checkbox"/> Common-law		
Emergency Contact:	Phone Number	Relationship	
<b>Housing:</b>			
<input type="checkbox"/> Band Housing <input type="checkbox"/> College/University Residence	<input type="checkbox"/> Private (Rent) <input type="checkbox"/> Private (Own)	<input type="checkbox"/> Living with parents/guardians/relatives <input type="checkbox"/> Other: _____	
<b>Dependents Residing with Applicant (Please list below)</b>			
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
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter	
Program Course Name:			
Length of Program:		Start Date:	End Date:
Program Type:			
<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Trades <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Post-Graduate Degree			

### Course Selection (1<sup>st</sup> Semester)

Course	Credits	Tuition Costs	Book Costs

### Course Selection (2<sup>nd</sup> Semester)

Minimum of 12 Credits\*

Course	Credits	Tuition Costs	Book Costs

Total Amount Requesting \$ 0.00

*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 Neskonalith Indian Band.

1. I have taken the necessary steps before applying for funding from the Neskonalith 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 changes to my enrolment or living arrangements.
4. I understand that if I fail to meet and maintain the requirements, the Neskonalith 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 Neskonalith 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 Neskonalith 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 Neskonalith 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.**

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Applicant Signature

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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 Neskonalith Indian Band for tuition, books, and living allowance. Therefore, the Neskonalith 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 Neskonalith 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 Neskonalith 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.**

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Parent/Guardian Signature

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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  
Neskonalith Indian Band.**

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Applicant Signature

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Date



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## 5 Year Student Learning Plan

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

Institution Name: \_\_\_\_\_

Program Title: \_\_\_\_\_ Current Year of Study \_\_\_\_\_

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**Short-Term Education Goal** (goals for this year): \_\_\_\_\_

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**Long-Term Education Goal:** \_\_\_\_\_

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**Degrees/Certifications/Skills you aim to achieve:** \_\_\_\_\_

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**Credits per academic year:** \_\_\_\_\_

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

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**Career goals and your plan to achieve it:** \_\_\_\_\_

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Applicant Signature

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Date

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Education Coordinator Signature

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Date