



Neskonlith Indian Band

Box 318, Chase, BC V0E 1M0
Phone (250) 679-3295 Fax (250) 679-5306
www.neskonlith.org



POST SECONDARY APPLICATION FORM 2024-2025

STUDENT NAME: _____

DATE RECEIVED: _____

TO: NESKONLITH BAND MEMBER APPLICANTS
FROM: Neskonlith Education Department
EMAIL: programcoordinator@nibeducation.com
PHONE: (679-3295 (ext. 239) Fax: (250) 679-2968

All Returning Post-Secondary Students Application forms for enrollment for the next year must be submitted to the Education Department **No Later than February 15th**.

Note: This does **not apply** to **Returning Post-Secondary Masters Students**. Please submit application forms **No Later than April 30th**.

All New Post-Secondary Application forms must be submitted to the Program Coordinator **No Later than April 30th**.

Late applications will be placed on a waiting list and processed only if there is funding available.

Our budget is very limited, and we cannot fund every student that applies; therefore, it is to your advantage to submit your completed application form as soon as possible. This application is **NOT** considered 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 INAC Policy Manual

- Fully completed Neskonlith Post-Secondary Application Form **{Incomplete applications will not be processed}**
- 5 Year Student Learning Plan
- Letter of Acceptance: Registration confirmation from Academic Counsellor
- Course Outline and Tuition Fees- FROM INSTITUTION
- Most Recent Transcripts
- Proof of Status
- VOID Cheque (mandatory)
- Scheduled Appointment Booked with Program Coordinator (zoom, call or in-person)**

DATE: _____



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PERSONAL INFORMATION

<u>FIRST NAME:</u>	<u>LAST NAME:</u>	<u>PREFERRED NAME:</u>
<u>PHYSICAL ADDRESS:</u>	<u>TOWN/CITY:</u>	<u>POSTAL CODE:</u>
<u>MAILING ADDRESS:</u>	<u>PHONE#</u>	<u>PRONOUN:</u>
<u>BIRTHDATE:</u>	<u>S.I.N#</u>	<u>STATUS#</u>
<u>EMAIL:</u>	<u>EMERGENCY CONTACT INFO:</u>	<u>SECONDARY CONTACT EMAIL:</u>

PERSONNAL STATUS: {PLEASE CHECK ONE}

Single Person: _____ Single Parent: _____

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.

List of Dependents:

NAME	AGE	BIRTHDATE	STATUS NUMBER

(Please use back if necessary)



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FINANCE DEPARTMENT

Confirmation of any Debt to the Neskonlith Band

Any money owing to the Neskonlith Band? Yes: _____ No: _____

If yes, is there any repayment agreement: Yes: _____ No: _____

****Finance Director Authorization:** _____

(Please note: if there is not repayment agreement signed, the application will not be processed)

EDUCATION HISTORY

List Your Previous Education History (must be completed in full)

Name of Institute	Location	Programs	Certification, Diplomas, Or Degrees Received	Sponsored By:

POST-SECONDARY ELIGIBILITY

All Neskonlith Band Members applying for post-secondary funding must ensure that the institute of choice meets the following criteria:

- A minimum of one academic year in length, as defined by the institution.
- Maintain **ENROLLMENT** as a **FULL-TIME STUDENT in good academic standing.**
- Require a high-school completion (grade 12) for enrollment.
- The Institute of choice must be a registered accredited program such as THOMOPSON RIVERS UNIVERSITY, UNIVERSITY OF BRITISH COLUMBIA, ETC



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POST SECONDARY-PROGRAM AND INSTITUTE INFORMATION

<u>NAME OF INSTITUTE:</u>	<u>LOCATION:</u>	<u>APPLICATION TO PS INSTITUTION DATE DUE:</u>	<u>PROGRAM TITLE and LENGTH (yrs)</u>	<u>LEVEL OF EDUCATION:</u>	<u>SPONSORSHIP REQUIREMENTS FOR STUDENT</u>
				<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	

COURSE SELECTION:

MUST BE COMPLETED & ACCURATE WITH FINANCIAL DOCUMENTATION FROM THE POST-SECONDARY INSTITUTION

Minimum of 12 credits OR Full-Time Status

NOTE: STUDENTS CAN REQUEST FINANCIAL INFORMATION FROM THE REGISTRARS OFFICE AT THE INSTITUTE

SEMESTER 1 DAT:

COURSE	CREDITS	TUITION COSTS	BOOK COST

Total Tuition Amount Requesting: _____

SEMESTER 2 DATES:

COURSE	CREDITS	TUITION COSTS	BOOK COST

Total Tuition Amount Requesting: _____



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STUDENT CONTRACT

APPENDIX 1

I, _____ do hereby agree to the following terms and met the conditions prior to applying for Financial Assistance for Post-Secondary Education from the Neskonlith Indian Band and I am still following my Education Plan.

1. I have taken the necessary steps prior to applying for funding. {Searched for Bursaries and other funding sources}; ____ (INITIAL)
2. I understand that I am to attend classes on a regular basis, **Satisfy** all course requirements, **Pass** all courses and **Maintain** passing grade point average; ____ (INITIAL)
3. I understand that it is my responsibility to notify the education coordinator/director of any changes to my enrolment or living arrangement (policy section 4.4). ____ (INITIAL)
4. I understand that subject to the discretion of the Neskonlith Indian Band Education Department, I will be denied further Post-Secondary Education Financial Assistance when I do not meet and maintain the requirements. ____ (INITIAL)
5. I understand that I am to submit all Official Transcripts to the Neskonlith Education Coordinator, after each semester, Failure to do so will result in my payment for the Living Allowance, Tuition and Books **TO BE WITHHELD**. ____ (INITIAL)
6. **I understand, in the event that I receive funding under false pretenses'; I agree to repay the full/partial funding from the Neskonlith Indian Band funds includes "WITHDRAWING from courses, DROPPING out, FAILING courses or not COMPLETING courses"**. ____ (INITIAL)
7. I understand that my application for assistance is subject to the availability of Post-Secondary Education funding from AANDC and may include funding at minimum funding or partial. ____ (INITIAL)
8. In the event of funding availability from the Neskonlith Indian Band, the Program Coordinator will make recommendations and file letters of support for alternate funding. ____ (INITIAL)
9. I agree with the eligibility for Post-Secondary Education financial assistance program criteria as outlined. ____ (INITIAL)
10. That all enquiries or requests outside the approved sponsorship shall be done in writing. ____ (INITIAL)
11. That the Financial inquiries are directed to the Program Coordinator Only through: Email, Fax or Telephone call. ____ (INITIAL)

Please ensure you have read this contract over carefully.



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PARENT/GUARDIAN CONTRACT

APPENDIX 2

Please be advised that any band member applying for Post-Secondary Funding and has been approved must abide by the terms and conditions of the student contract. Failure to do so will result in repayment to the Neskonlith Band the **Tuition, Books and Living Allowance**. Therefore, the Neskonlith Education Department would like to ensure that Parents/Guardians are aware of the **Student Contract** and what is entailed to receive the funding.

By signing the Parent Contract for applicants 21 years of age and younger you are agreeing to the following:

Terms and Conditions:

1. I _____, the Legal Guardian/ Parents of the applicant have read the Neskonlith Indian Band Post-Secondary Policy and Application with my child. _____ (INITIAL)
2. I, the Legal Guardian/ Parents of the applicant agree to the terms the Student Contract signed by my child from the Post-Secondary Application. _____ (INITIAL)
3. I, the Legal Guardian/Parents of the applicant are aware that my child will be responsible for paying back the Neskonlith Band if failure to meet the terms and conditions of the student contract. _____ (INITIAL)
4. Failure to sign this contract could result in your child's application to be denied. _____ (INITIAL)

Please ensure you have read this contract over carefully.



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Student Profile

Program: _____

Long Term Education Goal (Education Path to Complete): _____

Credits per academic year (minimum of 12 per semester): _____

Duration to complete your Education Goal (example: 4 courses per semester x how many semesters to complete): _____

Work Experience or Training in this Field prior to this Application: _____

SHORT TERM GOALS

What do I wish to accomplish this year?

Student Signature: _____

DATE: _____

Program Coordinator Signature _____

DATE: _____