APPENDIX B

200-330 Chief Alex Thomas Way
Kamloops, BC V2H 1H1
Phone: 250.828.9721
Fax: 250.372.8833
Toll Free: 1.855.828.9700

Authorization for Release of Information

I _____,
(please print name clearly)

authorize

_____
(educational institute)

to release information regarding courses, registration, admission, attendance, progress and transcript of marks to the ***Tk'emlúps te Secwépemc*** (TteS) Education Department.

_____ _____
Signature Date

_____
Student Number

APPENDIX C

200-330 Chief Alex Thomas Way
Kamloops, BC V2H 1H1
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Policy & Procedure Agreement

I _____ have read, and understand, the Tk'emlúps te Secwépemc Post-Secondary Education Policy & Procedure Manual (PPM).

By signing this, I am:

- ⇨ agreeing to abide by the policies and procedures as set out in the PPM to ensure continued funding;
- ⇨ acknowledging, and agreeing to my roles and responsibilities as set out in the PPM;
- ⇨ acknowledging, and agreeing to the Post-Secondary Education Coordinators roles and responsibilities as set out in the PPM; and
- ⇨ acknowledging, and agreeing to the Kamloops Indian Band roles and responsibilities as set out in the PPM

Applicant Signature	Date
Post-Secondary Education Coordinator Signature	Date

APPENDIX D

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Terms and Conditions Agreement

I, _____ do hereby agree to the following Terms and Conditions for the funds I receive from the Tk'emlúps te Secwépemc (TteS) for educational purposes:

1. I understand that I am to attend classes; satisfy all course requirements; meet and maintain the academic requirements of the attending post-secondary institute as well as the Post-Secondary Policy and Procedure Manual.

2. I understand that subject to the discretion of the TteS I may be denied further education assistance if I do not meet and maintain the academic requirements as established by the attending post-secondary institute, and/or as defined in the Post-Secondary Policy and Procedure Manual.

3. I understand that I must submit Official Transcripts at the end of every funded semester to the TteS Post-Secondary Education Coordinator when they become available from the attending post-secondary institute.

4. I understand that in the event I receive education assistance under false pretense I may, at the discretion of the TteS, be held liable to repay the amount falsely received and be denied further education assistance.

5. I understand that my approval for education assistance is subject to the availability of funding.

6. I understand that should I receive a grade of "W" (withdrew) or its equivalent, I will be held responsible to compensate the Kamloops Indian Band Post-Secondary Education Department all amounts received in assistance of each course. This includes, but is not limited to the following:

   Tuition **Books** **Living Allowance**

7. I understand that receipt of further education assistance will be refused until all debts to the TteS have **a)** been paid in full, or **b)** a *Schedule of Payment* has been signed and agreed upon.

8. I also understand in order to be eligible for education assistance I must meet the criteria as established in the TteS Post-Secondary Education Policy and Procedure Manual.

_____ _____
Signature of Applicant Date

_____ _____
Post-Secondary Institute Student ID#

APPENDIX E

200-330 Chief Alex Thomas Way
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Tel: (250) 828-9721
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Request for Continued Education Assistance

Must be received by Post-Secondary Education Office **no later than November 14**

I

_____,

(please print name clearly)

am requesting continued funding for the Winter (Jan to April) 20__ Semester to attend

_____ .

(educational institute)

I understand that continued funding is contingent upon availability of funds, my Fall 2014 transcripts, confirmation of registration in course(s) and/or program (i.e. Registration Data Form and adherence to Tk'emlúps te Secwépemc Post-Secondary Policy and Procedures.

_____ _____

Signature Date

_____

Student Number

Please indicate below any changes as per your application for education assistance submitted for the currently funded semester. (please print clearly)

_____
_____
_____
_____
_____
_____
_____
_____

APPENDIX F

200-330 Chief Alex Thomas Way
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Travel Support Advance

Date: _____ Name: _____

Please indicate what you are requesting travel support for:

Professional Development ❒ Moving Expenses ❒ Holiday Travel ❒

Professional Development

Date(s) of Conference/Workshop: _____
Location of Conference/Workshop: _____
Purpose of Conference/Workshop: _____
Latest Date Advance Required by: _____

Accommodation Rates: (for Professional Development only)

Summer Rates (May 1 – Sept 30) Maximum of $95.00 per night (taxes included)
Winter Rates (Oct 1 – April 30) Maximum of $70.00 per night (taxes included)

In the event of accommodation at a private residence, students may claim $20.00 per night for miscellaneous hospitality.

Number of Nights _____ X $ _____ = $ _____

Meals: (for Professional Development only)

Breakfast Only	_____	X	$	10.00	=	$ _____
Lunch Only	_____	X	$	15.00	=	$ _____
Dinner Only	_____	X	$	25.00	=	$ _____

Mileage:

Number of Km	_____	X	$	.52	=	$ _____
Ferry	_____					$ _____
Taxi	_____	X	$	_____	=	$ _____

Total Amount Requested = $ _____

Total Amount Approved = $ _____

I certify that the amounts in this claim will be incurred for the purpose stated. I understand this is an advance only and that it is my responsibility to file a proper travel claim. Should I fail to file a claim within 14 days I authorize the TteS Post-Secondary Education Department to deduct this advance from my living allowance.

Signature of Requestor	Approved by	Date
Information confirmed by	Approved by	Date

APPENDIX G

200-330 Chief Alex Thomas Way
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Date	Accommodation	Meals	Transportation	Totals
Totals				
			Subtract Amount of Advance	
			Over (Under)	

I certify that the amounts in this claim were incurred for the purposes as stated on my Request for Travel Support. I understand that it is my responsibility to file a proper travel claim. Should I fail to file a claim with 14 days, I authorize the Tk'emlúps te Secwépemc Education Department to deduct the advance from my living allowance.

_____	_____	_____
Signature of Claimant	Approved by	Date
_____	_____	_____
Information confirmed by	Approved by	Date

APPENDIX H

200-330 Chief Alex Thomas Way
Kamloops, BC V2H 1H1
Phone: (250) 828-9721
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Medical Withdrawal Form

Section 1 Student Information	Student's Last Name		TteS Status Card #	
	Student's First Name		Middle Initial(s)	
	Student's Mailing Address			
	City or Town		Contact #	Message #
	Province	Postal Code		
Section 2	I consent to the release of information from my physician or counsellor to the Tk'emlúps te Secwépemc Education Department. I understand that this information will be used to determine my eligibility to apply Education Assistance in the future			
	Student Signature		Date Signed	
Section 3 To Be completed by Physician	Name of Physician		Stamp of Physician/Counselor	
	Mailing Address			
	City or Town		Province	
	Phone Number		Fax Number	
	1. When was this medical condition first diagnosed?			
	2. Given the students medical condition, would he/she have been able to continue full-time studies & complete the rest of the study period? Yes ☐ No ☐			
	3. If no, briefly explain why.			
	4. Did you advise the student to withdraw from full-time studies due to his/her medical condition? Yes ☐ No ☐			
	If YES, what was the date:			
	If NO, indicate the dates of illness			
	5. Briefly describe the nature of the students illness:			

_____ _____

Physician/Counselors Signature Date

APPENDIX I

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Student Self-Evaluation Form

Name:_____ Semester:_____

Directions: Read each question carefully and thoughtfully. Think about the quality of your performance in your classes and what you have learned. Answer each question with integrity. Please answer each question fully or choose the most appropriate answer for the following questions:

1. This semester I got the grades I think I deserved.
   ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

2. I contributed my ideas in my class discussions, seminars, labs, etc.
   ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

3. I asked questions during class.
   ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

4. I made use of my professor's office hours to ask for help or address any questions I had.
   ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

5. I was focused and well prepared this semester.
   ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

6. As my grades show, I put forth my best effort to attain the highest grades I could have.
   ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

7. I was often late or absent from classes.
   ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

8. I was often late when submitting or writing assignments, papers, exams, etc.
   ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

9. My grades were negatively affected this semester because of personal reasons.
   ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

10. I learned skills and knowledge that I can transfer into the "real world".
    ☐ Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐Disagree

11. At least (3) specific things I have done this past semester to get the best grades possible are: (i.e. library, tutoring, etc.)

12. At least (3) specific things I would like to do next semester to ensure I get good grades are:

13. I would like the Tk'emlúps te Secwépemc Education Department to continue to fund my educational goals because:

APPENDIX J

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SCHEDULE OF REPAYMENT

Tk'emlúps te Secwépemc Student Payroll Deduction Form

Date:_____

This form is to confirm the arrangements under which the **Tk'emlúps te Secwépemc Finance Department** accepts payment to your outstanding balance of $_____ in installments.

I, _____, do hereby give permission to the **Finance Department** to deduct the amount of $_____ in (please select one):

☐ Bi-weekly, or

☐ Monthly

Installments from my monthly living allowance.

I understand that these deductions are necessary as per Section 6.0 Student Responsibilities, #6 of the **Tk'emlúps te Secwépemc** Post Secondary Policy & Procedures Manual as band members who are in debt with the Tk'emlúps te Secwépemc are not eligible for post secondary financial assistance as per BCR# 00-63 dated June 19, 2000 unless this schedule of Repayment form has been signed and agreed to by all appropriate parties involved and will be kept on record in the **Finance Department.**

Account Code: _____ - _____

Commencing: _____

Terminating: _____

Signature of Student:_____