Tk'emlúps Te Secwépemc

Appendix N

Strategic Studies Scholarship Application Form

Deadline: October 31st Annually

This application and all required documents are due October 31st. The information you provide on the Application From must be up-to-date, accurate and complete.

Strategic Studies Scholarship Application Form
1. Be sure to read the application carefully, answer each question (please print) and sign this Application Form. 2. All applicants must complete this Application Form fully & completely. 3. All applications must be forwarded directly to: Post Secondary Coordinator Tk'emlúps te Secwépemc Education Department #200-330 Chief Alex Thomas Way Kamloops, BC V2H 1H1 4. **Scholarship applications are due and must be received by October 31st of each year.** 5. If you have any questions, please contact: a: Larissa Blank, Post Secondary Coordinator – Phone: 250.828.9726 or Email: larissa.blank@kib.ca or: b: Diena Jules, Education Manager – Phone: 250.314.1505 or Email: djules@kib.ca. **Please ensure that you have enclosed the following, as only complete application packages will be considered for financial assistance.** A fully completed application package includes the following items: 1. One current Strategic Studies Application Form fully completed and signed in the designated areas, completed either manually or electronically. 2. Proof of TteS membership – copy of status card. 3. Original Official Transcripts from your present or most recent academic program. 4. Letter of Personal Introduction (max. 500 words) & (2) Letters of Reference from University Staff 5. A current Resume or Curriculum Vitae (CV). 6. Confirmation of enrollment. 7. Financial Report Form if you received an award the previous year and have not yet forwarded it to us. 8. Essay (min. 500 words, max. 1000) of your vision for our TteS community & how your current program will help achieve your vision.

Section 1 – PERSONAL & CONTACT INFORMATION

Family Name:	Given Name(s):	S.I.N. (Must be provided):		Gender: ☐Male ☐Female
		Date of Birth:	Current Age:	

Address While in School:

Street Address:

City:	Province:	Postal Code:	Telephone:

Permanent/Home Mailing Address ☐Same as above

Street Address:

City:	Province:	Postal Code:	Telephone:

Mailing Address you would like us to use: ☐School ☐Permanent	Email Address:

PERSONAL INFORMATION

Residency While in School (Check all that apply)

☐On my own ☐With parents ☐Student Residence ☐TTES Residence Housing

☐With roommate(s) ☐With spouse or common law partner ☐With children

Current Marital Status

☐Single ☐Married ☐Common-law ☐Divorced ☐Separated ☐Widowed/widower

Dependants:

Number of dependants under the age of 18: ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 and over

List the names & ages of dependents

Name	Age	Mailing Address (if different from above)
1.		
2.		
3.		
4.		

Current Employment: Currently Working ☐Full-time ☐Part-time ☐Occasionally ☐Not working

Employment while in school: While in School, I will work part-time: ☐Yes ☐No ☐Not sure

Section 2 - EDUCATION

Indentify the institution you plan to attend:	Is this your last year in this program?	Letter What year of study are you entering?
Admission confirmed: ☐Yes ☐No ☐I have attached a copy of acceptance letter	☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐5

Length of program (in years):	Letter Identify the Degree/Diploma that you will receive upon graduation:	Year you will complete your program:
☐1 ☐2 ☐3 ☐4 ☐5	☐Graduate Degree ☐Certificate ☐Undergraduate Degree ☐Diploma ☐Other_____	

Start Date of this academic year:	Finish date for this academic year:	What job/career do you hope to have when you graduate?

Please list the last three schools, colleges or universities that you attended

Name of Institution	From	To	Program	Degree/Diploma(yes/no & date)
1.				
2.				
3.				

Section 3 – CURRENT PROGRAM

_____ _____

School Name **Program**

_____ _____ _____ _____

Mailing Address **City** **Province** **Postal Code**

_____ _____

Telephone **Fax**

_____

Program Enrolled in/applying for: Qualification Sought:

☐Upgrading ☐Certificate ☐Diploma ☐Bachelor Degree ☐Master Degree ☐PhD

Length of Program/Course as specified by the institute: _____

To Level/Year of Program you are in at present:_____ Months/Years of Sponsorship Required:_____

Section 4 – MEMBERSHIP

Aboriginal Ancestry: *please note that you must be registered with the TteS in order to be eligible for assistance

☐I am registered with the Tk'emlúps Indian Band

☐I have attached a copy of my status card

Section 5A – DETERMINING FINANCIAL NEED

- For the current school year, from the start date to the end of the school period (depending on your program of study this may be 8, 10, or 12 months), provide a summary of the financial resources/income anticipated and estimated financial expenses using the tables provided.
- Married and common-law students should indicate their total family income (after tax and other compulsory deductions) and total family expenses.
- TteS Education Department encourages all students to make a personal financial contribution to the costs of their education.
- Your budget must include a projection of income. Budgets that list only expenses without a projection of income will be deemed incomplete and will not be presented to the Jury.

Transportation:

- During the school year, I will use public transportation ☐Yes ☐No
- During the school year, I will drive a motor vehicle ☐Yes ☐No
- Do you own a motor vehicle ☐Yes ☐No
- To If yes, what year is the motor vehicle? _____ What Model? _____
- What is your monthly vehicle payment? $_____What is your insurance payment while in school? $_____

Bursaries & Scholarships

Have you applied or do you plan to apply for other bursaries/scholarships? ☐ Yes ☐ No

Bursary/Scholarship Amount

_____ _____ ☐ Confirmed ☐ Confirmation pending

_____ _____ ☐ Confirmed ☐ Confirmation pending

_____ _____ ☐ Confirmed ☐ Confirmation pending

_____ _____ ☐ Confirmed ☐ Confirmation pending

Section 5B – FINANCIAL RESOURCES - INCOME

Identify your sources of financial income: a monthly basis and calculate the total amount for the number of months in your program for the school year. (Note: Multiply the monthly amount by only one amount – 8, 10, OR 12 months)). If your program is a different length of time, please specify and calculate.

INCOME SOURCE	TOTAL AMOUNT Length of 20__ 20 school year in months: ☐ 8 month School Year ☐ 10 month School Year ☐ 12 month School Year ☐ Other, _____
Monthly Income from Savings or Work (after tax)	
Monthly Income from Spouse or Partner (after tax)	
Monthly Other Income (please identify)	
Monthly Financial Contribution from Parent(s)	
Monthly Child Support	
Monthly Child Tax Benefit/Family Allowance	
Monthly Pension Income (orphan benefits, CPP)	
Monthly Social Assistance	
SUBTOTAL Multiply subtotal by number of months in your school year (8, 10 or 12)	
Total GST Rebates During the School Year	

Band Funding for Tuition, Books, and Materials ☐Confirmed ☐Confirmation Pending ☐Funding Unavailable **Amounts must be provided to ensure accurate need	
Band Funding for Living Expenses ☐Confirmed ☐Confirmation Pending ☐Funding Unavailable **Amounts must be provided to ensure accurate need	
TOTAL SCHOOL YEAR INCOME	
Section 5C – FINANCIAL EXPENSES	
• The Jury will exercise its discretion in determining whether the expenses provided are reasonable when considering the overall shortfall forwarded by the applicant. • As an example, rents vary widely from city to small town, province to province and the Jury takes this into account when reviewing costs; • The budget should cover only the months that you are in school (may be 8, 10 or 12 months) If you are sharing a dwelling with someone who is not a dependant, do not include the costs for the second person • Use the table below to identify all of your expenses for the number of months in your program for this school year.	
EXPENSE TYPE	**TOTAL AMOUNT** Length of program 20__20__ school year in months: ☐ 8 month School Year ☐ 10 month School Year ☐ 12 month School Year ☐ Other, _____
SUB-SECTION A Cost of Tuition/Training for School Year **Must be completed even if receiving Band Funding Cost of Course materials for school year: Books:_____ Equipment:_____ Supplies:_____ Fees:_____	
SUBTOTAL SUB-SECTION A	
SUB-SECTION B Monthly mortgage rent or residence cost:$_____	
Monthly Food: $_____	
Monthly Utilities: $_____	
Monthly Telephone: $_____ Monthly Internet: $_____ Monthly Cable TV: $_____	
Transportation: $_____ Bus Pass: $_____ Parking: $_____ Gas: $_____	
Monthly Toiletries, Personal Care, Laundry $_____	

Monthly Childcare: $_____	
Monthly Entertainment, Recreation: $_____	
Monthly Clothing: $_____	
Mortgage Insurance $_____ Car Insurance $_____ Life Insurance $_____	

Section 5D – TOTAL FINANCIAL NEED

Calculate your total financial need by subtracting your total expenses from your total income.

$_____ (minus) $_____ (=equals)_____

Total School Year Expenses Total School Year Income Total Financial Need for School Year

Section 6 – ADDITIONAL INFORMATION

- If there are additional details that you wish or are requested to provide, please use this space to do so
- Should you have circumstances that warrant special consideration, please specify below
- It is important that a full explanation of your financial circumstances be available to the Jury

Section 7 – INVOLVEMENT & CONTRIBUTION TO THE TteS COMMUNITY

This is an award to encourage TteS Band Members to engage in studies or programs that directly contribute to our people achieving self-governance and economic self-reliance. Therefore, your involvement/engagement/participating in our community is of utmost importance, as well as highlighting how your program helps our community strive toward self-governance and economic self-sustainability. Responses must be provided and limited to space provided. Further details can be provided in your Letter of Introduction.

1. Where were you born?

2. Where did you grow up?

3. Tell us about your family and TteS community.

4. I participate in our community by:

5. My current program is related to our people achieving self-governance and economic self-reliability by:

Section 8 – DECLARATION AND CONSENT

My signature below confirms that: (Please √ each box)

☐I am aware of the mandatory documents listed below are due October 31st of each year-no exceptions-or my application remains incomplete and will not be reviewed by the Jury.

1. One current Strategic Studies Application Form fully completed and signed in the designated areas, completed either manually or electronically.
2. Proof of TteS membership – copy of status card.
3. Original Official Transcripts from your present or most recent academic program.
4. Letter of Personal Introduction (minimum 750 words, maximum 1500 words) & (2) Letters of Reference from University Staff.
5. A current Resume or Curriculum Vitae (CV)
6. Confirmation of Enrollment.
7. Financial Report Form if you received an award the previous year and have not yet forwarded it to us.
8. Essay (min. 500 words, max. 1000 words) of your vision for our TteS & how your current program will help achieve your vision.

☐I have read and fully understand this application form and I have provided answers to all questions which apply to me.

☐I certify that all information contained on this form is true and correct. I understand that any false statements intentionally given on this application, by email or telephone, mailing address and/or resume), so that they may contact me personally.

☐I hereby give consent for TteS Education Department to use/publish my name and relevant information on the TteS website, in the TteS newsletter, for promotion, marketing, advertising, or in sponsor communications.

☐I am holistically healthy as defined in Section 12.6 the TteS Post Secondary Policy and Procedure Manual. I am holistically healthy as defined in Section 12.6 of the TteS Post Secondary Policy and Procedure Manual.

☐If I have not done so previously, I am attaching a Financial Report Form and supporting documents for the last award I have won (if applicable)

☐I acknowledge that if my application does not include all the required documents, my application will be deemed ineligible. I also recognize that it is my responsibility to ensure that all supporting documents are post-dated and/or received by the TteS office by the deadline.

Applicants Name:_____

Applicant's Signature: _____ **Date:**_____

Do not write below this line – for internal use only

_____ _____

Received by Post Secondary Education Coordinators Signature

Tk'emlúps Te Secwépemc

Appendix N

Strategic Studies Scholarship Application Form

Financial Reporting Form

PERSONAL AND PROGRAM INFORMATION
Name of Student_____
Telephone:_____ **Email:**_____
Name of College/University:_____
Year of Study: ☐First ☐Second ☐Third ☐Fourth ☐Fifth ☐Other_____
Is this the final year of your field/program of study? ☐yes ☐no
Amount of TteS Strategic Scholarship award received:$_____
REPORT SUBMISSION
☐I am submitting this financial report within one month of the end of my year of study
OR
☐I am submitting this financial report with my application for financial assistance to continue my field of study.
Drop off or mail this form to:
Post Secondary Coordinator Tk'emlúps te Secwépemc Education Department 200-330 Chief Alex Thomas Way Kamloops, BC V2H 1H1

FINANCIAL ACCOUNTING

☐I am attaching copies of the receipts which total the amount of financial assistance I received. The funding was used to cover the following expenses during the school year:

☐Mandatory School Fees(i.e. student assoc., library, health, other:_____)

☐Course Materials (equipment, supplies, other:_____)

☐Tuition Costs ☐Textbooks ☐Internet

☐Rent ☐ Food ☐Clothing

☐Utilities ☐Transportation ☐Childcare

☐Recreation ☐Telephone ☐Debt Payments

☐Personal ☐Other:_____

ACADEMIC TRANSCRIPTS OF MARKS

☐I am attaching a copy of my most recent official academic transcripts of my final marks/grades for the above mentioned program of study. If this information is not available at this time, it may be forwarded to the TteS Education department as soon as it becomes available.

☐I acknowledge that if I DO NOT forward my most recent official transcripts to the Education Department, future funding for this scholarship may not be available for me.

BRIEF DISCRIPTION OF YOUR YEAR OF STUDY

What was most challenging? What you enjoyed the most? What you learned?

SIGNATURE & DATE

_____ _____

Signature **Date**