

Tk'emlúps te Secwépemc
Post-Secondary Application Form



APPENDIX A

DEADLINE APRIL 30TH ANNUALLY

1. Be sure to read the application carefully, answer each question and please sign this application form.
2. All applicants must complete this application form fully and completely.
3. Please submit all forms directly to:

Post-Secondary Coordinator
Tk'emlúps te Secwépemc Education Department
200-330 Chief Alex Thomas Way
Kamloops BC V2H 1H1

4. Scholarship applications must be submitted by April 30th of each year.
5. If you have any questions please contact:

Larissa Blank, Post-Secondary Coordinator – (250) 828-9726
Education Department Manager – (250) 314-1505

Please ensure you have enclosed the following as only complete application packages will be considered for financial assistance.

- Level 1 Assistance - UCEP** - A brief 500 word essay on Educational Goals.
- Level 2 Assistance - Undergraduate Studies/Bachelor Degree** – A brief 500 word essay on educational goals.
- Level 3 Assistance - Graduate studies/Masters/Advanced degree** – attached letter of intent regarding my proposed area of study.
- I am a continuing student** & have attached the TteS student self-evaluation.



Tk'emlúps te Secwepemc Post-Secondary Application

IDENTIFICATION OF STUDENT & DEPENDENTS

Name:	Family Name:
Maiden Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	SIN #:
Band:	Status Number:
Permanent Address: Street: City: Postal Code:	Phone/Cell Number:
Alternate Phone Number:	Email:

Marital Status:

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law	<input type="checkbox"/> Divorced
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Additional Information on Dependents

Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:
Name:	Date of Birth:	Relationship:

Current Employment: Currently working: _____

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not employed	
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Residency while in College/University:

<input type="checkbox"/> On my own	<input type="checkbox"/> With Parents	<input type="checkbox"/> Student Residence	<input type="checkbox"/> On reserve Housing
<input type="checkbox"/> With room-mates	<input type="checkbox"/> With spouse/common law	<input type="checkbox"/> With Children	

Please list all previous addresses for the past 10 years (other than current permanent address)

Address:	From:	To:

B. Information on Program

Name of Institution: _____ Length of Program (in years or months)

Name of Program:

Start Date: _____ End Date: _____

<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
1) Cost of tuition (Sept to Apr) \$ _____	2) Cost of Supplies \$ _____	3) Cost of textbooks \$ _____	

Program Enrolled/applying for

<input type="checkbox"/> Upgrading	<input type="checkbox"/> Certificate	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Diploma	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Ph.D.

C. Academic Records

Name of High School Attended: _____

Address:	Level Completed:	Year: _____ to _____
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Please list the Educational institution(s) and the programs you have attended (list in chronological order)

CEGEP/COLLEGE/UNIVERSITY	PROGRAM/COURSE	NO. of Years	Graduated	Withdrawn
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information on the course/program you are applying for (give reasons you are choosing this program & include as much detail as possible on a separate sheet (Also attach program outline).

D. Have you ever been previously sponsored by the Tk'emlúps te Secwépemc Post-Secondary Department? If so please indicate the course(s)/program(s) and the year.

1.	5.
2.	6.
3.	7.
4.	8.

Membership Confirmation

Aboriginal Ancestry ** please note that you must be registered with the Tk'emlúps te Secwépemc in order to be eligible for assistance.

- I am a registered Indian with the Tk'emlúps te Secwépemc
- I have attached a copy of my status card

******Please include the following documents with your completed application******

<input type="checkbox"/> A completed official application for Post-Secondary Assistance	<input type="checkbox"/> Copy of Status Card <input type="checkbox"/> Void cheque
<input type="checkbox"/> Copies of Previous Academic Records (high school, university/other)	<input type="checkbox"/> Letter of Acceptance from Institution
<input type="checkbox"/> Authorization for Release form <input type="checkbox"/> Terms & Conditions Agreement	<input type="checkbox"/> Policy & Procedure Agreement



Declaration & Consent:

I hereby certify that the above information given in this form is true, exact and complete. I hereby authorize the Tk'emlúps te Secwépemc and the authorized persons to check if the information given is accurate. I understand that any false information given in this form or omission may lead to action against me and/or dismissal from the program.

I am aware that all the following documents are to be submitted before a cheque will be issued.

- *Original Official transcripts from present or most recent academic program.*
- *Confirmation of enrollment as a full time student that coincides with the timeline in your application to Ttes – fall and/or winter.*
- *Verification of enrollment/acceptance into the program.*

I have read and understand the Guidelines that govern this application, the Post-Secondary Review Committee process & I have provided answers to all questions which apply to me. I hereby give consent to release my contact information to TteS sponsors, so that they may contact me personally. I hereby give consent to TteS Education Department to use/publish my name and relevant information to the TteS website, newsletter, for promotion, marketing, advertising, or in sponsor communications.

By Signing this also states that I have read and agree to the Tk'emlúps te Secwépemc Post-Secondary Education Policy and Procedure manual. I agree to abide by the Post-Secondary Policy & Procedures manual to ensure continued funding. I acknowledge and agree to my roles/responsibilities as a student set out in the PPM. As well as acknowledging and agreeing to the Post-Secondary Education Coordinator & Education Manager Roles and responsibilities set out in the PPM.

“Let us put our minds together and see what life we can make for our children”. ~ Sitting Bull

Applicant's Name (Please Print)

Applicant Signature

Date

Post-Secondary Education
Coordinator

Date

Education Manager

Date

For Internal Use only

Date Received _____



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 to Third Party

I, _____
(Student Name, please print clearly)

Authorize

(Educational Institute, e.g. Thompson Rivers University)

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

This signed authorization will remain in effect until _____ (date)

Student Signature

Student Number



APPENDIX C

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

Tk'emlúps te Secwepemc Post-Secondary Policy & Procedure Manual Agreement

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

By signing this:

- ⇒ I agree to abide by the policies and procedures as set out in the Post-Secondary Policy and Procedures Manual to ensure continued funding;
- ⇒ I acknowledge and agree to my roles and responsibilities as set out in the Post-Secondary Policy and Procedures Manual;
- ⇒ I acknowledge and agree to the Post-Secondary Education Coordinators roles and responsibilities as set out in the Post-Secondary Policy and Procedures Manual; and
- ⇒ I acknowledge and agree to the Tk'emlúps te Secwepemc roles and responsibilities as set out in the Post-Secondary Policy and Procedures Manual

Applicant Signature

Date

Post-Secondary Education Coordinator
Signature

Date



APPENDIX D

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

Tk'emlúps te Secwepemc 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 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 Tk'emlúps te Secwepemc 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

I understand that receipt of further education assistance will be refused until all debts to Tk'emlúps te Secwepemc have been paid in full or a Schedule of Repayment has been signed and agreed upon.

7. 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.

Applicant Signature

Date



APPENDIX E

200-330 Chief Alex Thomas Way
Kamloops, BC V2H 1H1
Tel: (250) 828-9721
Fax: (250) 828-8833
Toll Free: 1 (855) 828-9700

Request for Continued Education Assistance

Must be submitted to the Post-Secondary Education Coordinator by **November 30 annually**

Student Name

request 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 Official transcripts from the Fall Semester, confirmation of registration in course(s) and/or program (i.e. Course 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)

