

**Tk'emlúps te Secwépemc**  
**Post Secondary Application Form**



**APPENDIX A**

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**DEADLINE April 30<sup>th</sup> 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 Education Coordinator**  
**Tk'emlúps te Secwépemc Education Department**  
**200-330 Chief Alex Thomas Way**  
**Kamloops BC V2H 1H1**

4. If you have any questions, please contact:

**Post Secondary Coordinator – [Jonathan.michel@ttes.ca](mailto:Jonathan.michel@ttes.ca)**  
**Education Department Manager – [dessa.gottfriedson@ttes.ca](mailto:dessa.gottfriedson@ttes.ca)**

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

### A. IDENTIFICATION OF STUDENT & DEPENDENTS

|   |   |
|---|---|
| <b>Name:</b>  | <b>Family Name:</b>   |
| <b>Maiden Name:</b>   | <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>Date of Birth:</b>   | <b>SIN #:</b>   |
| <b>Band:</b>  | <b>Status Number:</b>   |
| <b>Permanent Address:</b><br>Street:<br>City:<br>Postal Code: | <b>Phone/Cell Number:</b>   |
| <b>Alternate Phone Number:</b>                                | <b>Email:</b>   |
| <b>Alternate No:</b>  |   |

#### Marital Status

|                                 |                                  |                                     |                                   |
|---------------------------------|----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Common Law | <input type="checkbox"/> Divorced |
|---------------------------------|----------------------------------|-------------------------------------|-----------------------------------|

#### Additional Information on Dependents

|              |                       |                      |
|--------------|-----------------------|----------------------|
| <b>Name:</b> | <b>Date of Birth:</b> | <b>Relationship:</b> |
| <b>Name:</b> | <b>Date of Birth:</b> | <b>Relationship:</b> |
| <b>Name:</b> | <b>Date of Birth:</b> | <b>Relationship:</b> |
| <b>Name:</b> | <b>Date of Birth:</b> | <b>Relationship:</b> |

**Current Employment: Currently working:** \_\_\_\_\_

|                                   |                                    |                                       |                                       |
|-----------------------------------|------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fulltime | <input type="checkbox"/> Part time | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not employed |
|-----------------------------------|------------------------------------|---------------------------------------|---------------------------------------|

#### Residency while in School:

|   |   |  |   |
|---|---|--|---|
| <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 roommates | <input type="checkbox"/> With spouse/common law | <input type="checkbox"/> With Children     |   |

Please list all previous addresses for the past 15 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's 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 _____ |
|----------|------------------|----------------------|

Please list the Educational institution(s) and the programs you have attended (list in chronological order)

| <u>CEGEP/COLLEGE/UNIVERSITY</u> | <u>PROGRAM/COURSE</u> | <u>NO. of Years</u> | <u>Graduated</u>         | <u>Withdrawn</u>         |
|---------------------------------|-----------------------|---------------------|--------------------------|--------------------------|
| 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 Check\*\*\***

|  |  |
|--|--|
| <input type="checkbox"/> A completed official application for Post-Secondary Assistance                          | <input type="checkbox"/> Copy of Status Card<br><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<br><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's 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 \_\_\_\_\_