

Tk'emlúps te Secwépemc
Youth Driving Sponsorship Form



-
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:

Attention: Lacey Gottfriedson
Youth Coordinator
Tk'emlúps te Secwépemc Education Department
200-330 Chief Alex Thomas Way
Kamloops BC V2H 1H1

Lacey Gottfriedson – 250-828-9738
Lacey.gottfriedson@kib.ca

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

- Copy of your status card
- Copy of your driver's license
- Supporting documentation



Tk'emlúps te Secwepemc Youth Driving Sponsorship

A. Identification of Student

| | |
|---|---|
| Name: | Family Name: |
| Maiden Name (if applicable): | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth: | Status # |
| Band: | Community of Origin: |
| Mailing Address: Street: City: Postal Code: | Community Currently Living In: |
| Phone/Cell Phone #: | Email: |

Emergency Contacts

| | |
|---------------------------------|----------------------|
| Name & Relationship: | Phone/Cell #: |
| Name & Relationship: | Phone/Cell #: |

Marital Status

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

Information on Dependents (if applicable)

| | | |
|--------------|-----------------------|----------------------|
| Name: | Date of Birth: | Relationship: |
| Name: | Date of Birth: | Relationship: |
| Name: | Date of Birth: | Relationship: |

Current Employment: _____

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

Residency while attending:

| | | | |
|---|---|--|---|
| <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 | <input type="checkbox"/> Other _____ |

B. Academic Information

| | | | |
|-------------------------------|------------------|----------------------|--|
| Name of High School Attended: | | | |
| Location of High School | Level Completed: | Year: _____ to _____ | |

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

| |
|----|
| 1. |
| 2. |
| 3. |

D. What are your education and employment goals?

| | |
|--|---------------------------------|
| Do you have previous driving experience? | If yes, approx. how many hours? |
| Will you get practice between lessons? | If yes, approx. how many hours? |

Please make sure you have completed:

| | |
|---|---|
| <input type="checkbox"/> A completed application for Youth Assistance | <input type="checkbox"/> Copy of Status Card |
| <input type="checkbox"/> Copy of Driver's License | <input type="checkbox"/> Paragraph outlining Education & Employment Goals |

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 other authorized Education Department persons to check if the information provided 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 funding will be issued.

- A completed Youth Application
- Copy of Driver's License
- Copy of Status Card

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.

"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

Parent/Guardian's Name (Print)

Signature

Date

Youth Coordinator

Date