

# Tk'emlúps te Secwépemc

## Youth Application Form for Sponsorship



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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: Kacey Seymour  
Youth Coordinator  
Tk'emlúps te Secwépemc Education Department  
200-330 Chief Alex Thomas Way  
Kamloops BC V2H 1H1**

**Kacey Seymour – (778) 765 - 5050  
[kacey.seymour@ttes.ca](mailto:kacey.seymour@ttes.ca)**

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

- A brief paragraph, outlining your Education or Employment goals
- Copy of your status card
- Supporting documentation & Program Information (i.e., Letter of Acceptance, Verification from Employer or Potential Employer)



## Tk'emlúps te Secwépemc Youth Application

### A. Identification of Student & Dependents (If Applicable)

<b>Given Name:</b>	<b>Family Name:</b>
<b>Maiden Name (if applicable):</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth:</b>	<b>Status # (Please provide photocopy as well)</b>
<b>Band:</b>	<b>Community of Origin:</b>
<b>Mailing Address:</b> Street: City: Postal Code:	<b>Community Currently Living In:</b>
<b>Phone #:</b>	<b>Email:</b>
<b>Emergency Contact Name &amp; Relationship:</b>	<b>Emergency Contact Number:</b>

### Marital Status

<b>Single</b> <input type="checkbox"/>	<b>Married</b> <input type="checkbox"/>	<b>Common Law</b> <input type="checkbox"/>	<b>Divorced</b> <input type="checkbox"/>
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### Information on Dependents (if applicable)

<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:** \_\_\_\_\_

<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Not employed
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### Residency while attending Program:

<input type="checkbox"/> On my own	<input type="checkbox"/> With Parents	<input type="checkbox"/> Student Residence	<input type="checkbox"/> On-reserve Housing
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<input type="checkbox"/> With roommates	<input type="checkbox"/> With spouse/common law	<input type="checkbox"/> With Children	<input type="checkbox"/> Other _____
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### B. Information on Program

Name of Institution: _____		
Name of Program: _____		
Length of Program: _____		
Start Date: _____ End Date: _____		
Program Cost: \$ _____	Cost of Equip/Supplies: \$ _____	Cost of Textbooks: \$ _____

### C. Academic Information

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

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

University/College Name	Program/Course	Number of Years	Graduated <input type="checkbox"/>	Withdrawn <input type="checkbox"/>
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>

D. 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.

E. Why do you need the training program? What are your education and employment goals? Is this a requirement for work?

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***\*Students that receive Youth Funding are required to submit either Certificates of Completion and/or final transcripts. If this is not submitted, it may affect future eligibility. \****

**Please make sure you have completed:**

<input type="checkbox"/> <b>A completed application for Youth Assistance</b>	<input type="checkbox"/> <b>Copy of Status Card</b>
<input type="checkbox"/> <b>Program Information</b>	<input type="checkbox"/> <b>Paragraph outlining Education &amp; Employment Goals</b>
<input type="checkbox"/> <b>Supporting Documentation from Employer or Potential Employer</b>	

**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
- Program information
- Verification of enrollment/acceptance into the program
- Copy of Status Card
- Supporting documentation from Employer/Potential Employer

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**

\_\_\_\_\_  
**Youth Coordinator**

\_\_\_\_\_  
**Date**

**If considered a minor, please have a Parent/Guardian sign below**

\_\_\_\_\_  
**Parent/Guardian's Name (Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**