

Tk'emlúps te Secwépemc

Youth Application Form for Training 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**

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 Training Application

A. Identification of Student & Dependents (If Applicable)

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

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
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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
<input type="checkbox"/> With roommates	<input type="checkbox"/> With spouse/common law	<input type="checkbox"/> With Children	<input type="checkbox"/> Other _____

B. Information on Program

Name of Facility: _____
Name of Program: _____
Length of Program: _____
Start Date: _____ End Date: _____

C. Academic Information

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

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?

****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"/> A completed application for Youth Assistance *all sections*
<input type="checkbox"/> Program Information
<input type="checkbox"/> Supporting Documentation from Employer or Potential Employer
<input type="checkbox"/> Copy of Status Card

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