



shíshálh first nation

Sechelt Indian Band
Community Services Department
P.O. Box 740, Sechelt BC V0N 3A0
Ph: 604-885-9404 | Fax: 604-885-6392
ashleyjoe@sechelnation.net

ADULT EDUCATION **SPONSORSHIP APPLICATION PACKAGE**

Please provide the following information and return to our office with all the necessary supporting documents. This package is for courses or workshops that range from **one day** up to **six weeks** in duration. Students Applying for College or University must complete the Post Secondary Financial assistance package.

DOCUMENTS | CHECKLIST

Name:

Phone number:

- Complete Application Package
- Program Outline/Description/Flyer
- Contact Information of training institute or Organization
- Phone/Fax number
- Start Date and Finish Date (length of program)
- Complete Budget breakdown, this must include all costs that you are requesting such as registration fee, travel, accommodations, food, textbooks or equipment (attach separate page for breakdown)
- Acceptance letter/copy of Registration form

Approval will take up to a maximum of 10 days, if your request has been approved a cheque request will be submitted in your name. You will be required to make all arrangements for program. All receipts and a copy of program participation must be handed into our office no later than one-week after completion of program.



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PERSONAL INFORMATION FORM

Name: _____

Mailing Address: _____

Status Number: _____

Birth Date: _____ SIN: _____

Phone Number: _____ Cell: _____

Email Address: _____

Name of Training Facility or Organization: _____

Name of course/workshop	start/end
1) _____	_____
2) _____	_____

Location: _____

If you are requesting additional cost for hotel meals ferry etc, you must provide all the details.

Name of Contact Person: _____

Phone Number: _____

Email Address: _____

Student Signature

Date

Ashley Joe
Education and Employment Manager

Date



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AUTHORIZATION TO OBTAIN **INFORMATION** FORM

The following is/or was a sponsored student of the Sechelt Indian Band – Education Department.

Name of Student: _____

I authorize the Sechelt Indian Band Education Staff to obtain any information required to determine my eligibility for education financial assistance.

I hereby authorize other First Nation Institutes, Employment Insurance Commission, and Social Assistance Agencies to release any information that maybe required for this purpose.

I authorize the institute in which I am attending, to release transcripts/certificates, attendance records, invoices, and progress reports to the Sechelt Indian Band Education Centre.

Student's Authorization Signature

Date

Ashley Joe
Education and Employment Manager
Community Services Department

Date



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STUDENT FINANCIAL CONTRACT

NAME: _____

NAME OF COURSE/PROGRAM: _____

START/END DATE _____

Please check off the following, **I will:**

- Reimburse the Sechelt Indian Band if I do not complete and or withdrawal from the above program and/or course/s.
- Contact the Sechelt Indian Band and the training facility for any absence that may occur while I am enrolled in training.
- Request pre-approved for any absences or they are considered unexcused and will result in discontinuation of sponsorship.
- And understand that the SIB Debt Set off Law does come into effect upon non-compliance.

The estimated amount of funding for application, registration, textbook, supplies, transcripts, travel/accommodations is \$ _____

STUDENT SIGNATURE

DATE:

Ashley Joe
Education and Employment Manager
Community Services Department

Date