

ADULT EDUCATION APPLICATION



SECHELT NATION

Education Department – Financial Application Package

P.O. Box 740, Sechelt BC V0N 3A0; Ph: 604-885-6016; fax: 604-885-6071

lenorajoe@secheltnation.net

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 less than three months to 1 day. Students Applying for College or University must complete the Post Secondary Financial assistance package.

CHECK LIST **FOR FINANCIAL ASSISTANCE FOR COURSES UNDER 2 MONTHS**

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.
- 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.



Sechelt Band Education Centre Personal Information Form

Name: _____

Mailing Address: _____

Status Number: _____ Birth Date: _____

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

Lenora Joe, Department Head

Date



***SECHELT INDIAN BAND
EDUCATION CENTRE***

**Authorization for SIB Education Centre
To Obtain Information**

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

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

Lenora Joe, Director of Education

Date



Education Department - Student Financial Contract
P.O. Box 740, Sechelt BC V0N 3A0; Ph: 604-885-6016; fax: 604-885-6071
lenorajoe@secheltnation.net

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.
- 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, training allowance is \$ _____

STUDENT SIGNATURE

DATE:

Lenora Joe, Department Head

DATE: