

# **POST SECONDARY APPLICATION**



## **SECHELT NATION**

P.O. Box 740, Sechelt BC V0N 3A0  
Ph: 604-885-9404; fax: 604-885-6392

### **CHECK LIST FINANCIAL ASSISTANCE FOR UNIVERSITY OR COLLEGE PROGRAMS**

- Complete Application Package
- Program Outline
- Program Academic Planner (list of courses required for certification, courses taken/remaining)
- Phone/Fax/Email for both Admissions office and book store.
- Start Date and Finish Date (length of program)
- Complete Budget breakdown sheet
- Official transcripts in a sealed envelope (high school students can submit unofficial transcripts until final graduation transcripts are available)
- Acceptance letter from School and program (high school students can submit conditional letters of acceptance until final acceptance letter received)
- Photocopies of Status Card and Birth Certificate
- Photocopies of dependent's status card Birth certificate, child tax benefit papers, if applicable.
- Subsidy Eligibility Form and daycare documentation (if applicable)

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. IT IS APPLICANT'S RESPONSIBILITY TO ENSURE APPLICATION AND SUPPORTING DOCUMENTS ARE ALL SUBMITTED BY THE DEADLINE.

#### Deadline Submissions

<b>For new students:</b>
March 1 <sup>st</sup> – May start
May 1 <sup>st</sup> – September start
September 1 <sup>st</sup> – January start

Submit completed application to ETAPS Coordinators Rochelle Curé at [rcure@sechelnation.net](mailto:rcure@sechelnation.net) .



**Sechelt Band Education Centre  
Personal Information Form**

Name: \_\_\_\_\_ Birth Date mm/dd/yyyy: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Street Address: \_\_\_\_\_

Status Number: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

PEN Personal Education Number: \_\_\_\_\_

List all Dependents names and birth dates:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

University or College: \_\_\_\_\_

**Name of course/Program**

**Start and Projected End date of program**

\_\_\_\_\_

Name of Contact Person from school: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Ashley Charleson, Manager, ETAPS Date:



**SECHELT INDIAN BAND**  
***Employment Training and Post-Secondary Department***

**Authorization for SIB ETAPS Department  
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 ETAPS Department to obtain any information required to determine my eligibility for education financial assistance.

I authorize the institute in which I am and/or have attending/ed, to release transcripts/certificates, attendance records, invoices, and progress reports to the Sechelt Indian Band ETAPS department.

Student's Authorization Signature: \_\_\_\_\_

Student Number from School: \_\_\_\_\_

Institute/School \_\_\_\_\_

Ashley Charleson, Manager, Employment Training and Post-Secondary Department:

\_\_\_\_\_



Education Department - Student Financial Contract  
P.O. Box 740, Sechelt BC V0N 3A0; Ph: 604-885-9404; fax: 604-885-6392

NAME: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

NAME OF COURSE / PROGRAM: \_\_\_\_\_

START/END DATE: \_\_\_\_\_

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

- Read, understand and agree to comply with the Sechelt Band Post-Secondary Policy Guidelines.
- And understand that if I do not comply with the SIB Post-Secondary Policy Guidelines, my sponsorship may be terminated.
- I will not accept funding that I am not eligible for and will return funds that I receive while not eligible.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
Ashley Charleson, Manager  
Employment Training & Post-Secondary

\_\_\_\_\_  
DATE:

## SIB POST SECONDARY BUDGET BREAKDOWN SHEET

Fill out for one term then times it by two at the bottom for one year budget.

<b>Application Fee: One Time</b>	_____			
<b>Official Transcript fee: Per term</b> (One for student to keep, one for SIB)	_____			
<b>Registration Fee: Per term</b>	_____			
<b>Tuition Fee for One semester:</b>				
<u>Name of Course</u>	<u>Fee</u>			
#1	_____			
#2	_____			
#3	_____			
#4	_____			
#5	_____			
<b>Total Tuition:</b>	_____			
<b>School Fees: (sometimes included with tuition)</b> (Example: Student Union Fees etc.)	_____			
<b>Text Books &amp; Supplies:</b> (Maximum of \$800 per semester \$700 books, \$100 supplies)	_____			
<b>Living Allowance x 4 months:</b>				
Base rate single student \$1,600.00	_____			
One dependent \$1,900.00	_____			
Two dependents \$2,200.00	_____			
Three or more dependents \$2,500.00	_____			
(SIB will pay for a maximum of 3 dependents)				
<b>Travel:</b>				
Actual cost per return trip home x 4 trips Ferry, mileage, plane, bus, train fare	_____			
<b>Daycare:</b> \$300 per child per month x 4 months	_____			
<b>Total:</b>	_____	X 2 for total for one school year ----->	_____	