

# shíshálh Nation Education, Training & Post-Secondary (ETAPS) Department



shíshálh Nation

Application for Funding: Adult Education Sponsorship

---

## Funding Checklist

The following documentation is required to process a funding application for professional development 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.

- Copy of two (2) pieces of valid identification
- Complete Application Package
  - Signed Application Form and Budget Breakdown
  - Signed Authorization to Obtain Information
  - Letter from employer demonstrating the need and benefit of the professional development activity
  - Acceptance letter or copy of registration form
  - Contact information for the training organizer/institution
  - Course, workshop or conference outline/description/flyer including all program costs (e.g. registration/tuition fees, materials, supplies, etc.)

**NOTE:** Approval may take up to 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 the program. All receipts and a confirmation of program participation must be handed into our office no later than one-week after completion of the program.

Completed applications should be submitted to Donna Tack at [dtack@shishalh.com](mailto:dtack@shishalh.com)

# shíshálh Nation Education, Training & Post-Secondary (ETAPS) Department

Application for Funding: Adult Education Sponsorship



shíshálh Nation

## Application Form

PERSONAL IDENTIFICATION			
Full legal name:		Birthdate (dd/mm/yyyy):	
Preferred name:	Pronouns: <input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> other:		
Mailing Address:			
City:		Prov:	Postal Code:
SIN:		Status Number:	
Phone:		Cell:	
Email:			

Program Information (Mandatory)			
Name of training / course / program:			
Program start date (dd/mm/yyyy):	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	
Program end date (dd/mm/yyyy):	<input type="checkbox"/> In-person	<input type="checkbox"/> Online/distance	<input type="checkbox"/> Combination
Program duration:	Location:		
Name of post-secondary institute/training organization:			
Address:			
Contact name:	Position:		
Phone:	Email:		

All information provided to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact shíshálh Nation ETAPS department at 604-885-9404, PO Box 740, Sechelt, BC V0N 3A0.

- I declare that the foregoing information provided to the shíshálh Nation ETAPS department is, to my knowledge, true and complete and that it is subject to verification by shíshálh Nation and its representatives.
- I authorize the shíshálh Nation ETAPS Department to release application information with involved organizations, training institutions, and government agencies.
- I agree to immediately report any changes of residence, telephone, or other contact information to the shíshálh Nation ETAPS department

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

# shíshálh Nation Education, Training & Post-Secondary (ETAPS) Department

Application for Funding: Adult Education Sponsorship



shíshálh Nation

## Budget Breakdown

ITEM	Details	Cost
Registration/Tuition fees		\$
Mandatory textbooks, material & supplies		\$
<b>Total tuition, books and supplies</b>		\$
*Hotel/accommodation	\$ _____ x _____ # of nights	\$
**Mileage	\$.59 x _____ (total # of kms)	\$
*Ferry	\$ 60 for car & driver; add \$10 for each additional passenger	\$
*Parking		\$
**Meals (clients receiving living allowance not eligible)	\$ 40 x _____ # of overnights \$ 20 x _____ # of full days	\$
<b>Total other expenses</b>		\$
<b>Total funding requested</b>		\$

**Please note: Clients are responsible for ensuring budget calculations are accurate and reflect eligible amounts.**

\* Original receipts must be submitted immediately following training/course.

\*\*The ETAPS Department adheres to travel rates set by shíshálh Nation Chief and Council. These amounts are subject to change.

**Please contact your ETAPS Coordinator with questions about eligible costs**

# shíshálh Nation Education, Training & Post-Secondary (ETAPS) Department

## Authorization to Obtain Information



shíshálh Nation

The following individual is/or was a sponsored student of the shíshálh Nation.

Name of student: \_\_\_\_\_

- I authorize the shíshálh Nation ETAPS Department to obtain any information required to determine my eligibility for education or training financial assistance.
  
- I authorize the organization/institute in which I am attending to release transcripts/certificates, attendance records, invoices, and progress reports to the shíshálh Nation ETAPS Department.

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

\_\_\_\_\_  
Date

*(Please note that completion of this form does not guarantee approval of funding)*

\_\_\_\_\_  
ETAPS Coordinator (Print Name)

\_\_\_\_\_  
ETAPS Coordinator Signature

\_\_\_\_\_  
Date