

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



Application for Funding: Adult Education Post-Secondary Funding

Funding Checklist

The following documentation is required to process a funding application:

- Copy of shíshálh Nation membership registration

Complete Application Package

- Signed Application Form and Budget Breakdown sheet
- Signed Authorization to Obtain Information Form
- Program outline
- Program academic planner (list of courses required for certification, course taken/remaining)
- Phone/fax/email for both Admissions Office and bookstore
- Official transcripts in a sealed envelope (high school students can submit unofficial transcripts until final graduation transcripts are available)
- Acceptance letter from post-secondary institution and program (high school students can submit conditional letters of acceptance until final acceptance letter received)

If applying for dependent support:

- A copy of each dependent's birth certificate and status card (if applicable)
- The most recent copy of income tax returns showing eligible children listed as dependents.
- A copy of any active parenting agreements/orders and proof of child maintenance payments (separated or divorced applicants)

If applying for the child care supplement:

- Affordable Child Care Benefit (ACCB) eligibility form
- Child care program documentation including parent fees

Post-Secondary Funding Deadline Submissions

For new students:
March 1 st – May start
May 1 st – September start
September 1 st – January start

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

NOTE: Please make your appointment with an ETAPS Coordinator well before the start date of your program as the application may take 4-6 weeks to complete from initial interview to approval. Once all required and supporting documentation is received, it will take up to 10 business days for review and approval or denial. If you have any questions about this checklist, please contact your ETAPS Coordinator.

Completed applications should be submitted to ETAPS Coordinator Donna Tack at dtack@shishalh.com

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



Application for Funding: Post-Secondary Student Support Program

shísháhl 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:
Phone:	Cell:	Email:	
Personal Education Number:		Status Number:	
# of dependents living with you:		<input type="checkbox"/> n/a	
Dependent name	Birthdate (dd/mm/yyyy)	Childcare needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of time dependent lives with you
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Information (Required)	
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 shísháhl Nation ETAPS department at 604-885-9404, PO Box 740, Sechelt, BC V0N 3A0.

- I declare that the foregoing information provided to the shísháhl Nation ETAPS department is, to my knowledge, true and complete and that it is subject to verification by shísháhl Nation and its representatives.
- I authorize the shísháhl 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 shísháhl Nation ETAPS department
- I have received a copy of the shísháhl Nation Post Secondary Policy Manual and I understand my rights and responsibilities in relation to this application and any funding I may receive.

Student Signature

Date (dd/mm/yyyy)

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

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Budget Breakdown

ITEM	Details	Cost per term (4 months)	Cost per year
Tuition, books and supplies			
Application fee	up to 3 application fees	\$	
Registration fee		\$	
Total Tuition fees	include breakdown below	\$	
Course #1		\$	
Course #2		\$	
Course #3		\$	
Course #4		\$	
Course #5		\$	
Mandatory school fees	e.g. student union fees	\$	
Books	max \$700/term	\$	
Supplies	max \$100/term	\$	
Other:		\$	
Other:		\$	
Total tuition, books and supplies		\$	\$
Other expenses			
Travel	1 trip home/month		
**Mileage	\$.59 X _____ total km	\$	
*Ferry	\$60 for car/driver. Add \$10/passenger	\$	
*Airfare/taxi/bus		\$	
Living allowance	Base rate: \$1600/month One dependent: \$1900/month Two dependents: \$2200/month Three or more dependents: \$2500/month (sN will pay for a max of 3 dependents)	\$	
Childcare	max \$300/month per child	\$	
Total other expenses		\$	\$
Total funding requested		\$	\$

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

* Original receipts must be submitted at the end of each term

**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

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Authorization to Obtain Information (Post-Secondary Students)



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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)

Institute/School

Student Number from school

ETAPS Coordinator (Print Name)

ETAPS Coordinator Signature

Date