



**POST-SECONDARY EDUCATION  
APPLICATION PACKAGE**

The following application must be completed and submitted prior to **February 25<sup>th</sup>** of each year. Incomplete applications will be deferred to the next year.

To be returned to:

Education Program Coordinator

Email: [education@simpcw.com](mailto:education@simpcw.com)

Simpcw First Nation

Tel: (250) 672-9995 or 1-800-678-1129

Box 220

Fax: (250) 672-5858

Barriere, BC

VOE 1E0

**OFFICE USE ONLY OFFICE USE ONLY**

**Date Received:**

**Education Coordinator  
Signature:**

## Document Checklist

**First Time Applicants need to complete the whole application.**

**Returning Students, please complete pages 2-7 and required information.**

Education Application Form:	Page	Check Mark (v)
a. Cover Page	1	
b. Applicant Document Checklist and Declaration	2	
c. Acknowledgement of Simpcw Education Policy	3	
d. Student Authorization – Other Resources		
e. Personal Record	4	
f. Education Program Length and Selection	5	
g. Student Authorization – Transcripts	6	
h. Agreement For Funding	7	
i. Self-Assessment Education Form	8-9	
j. Career Cruising Assessment, Accuplacer Test and Summary of Voluntary Work	10	
k. Budgeting Information	11	
l. Banking Direct Deposit Information	12	
m. Living Allowance Rates, if eligible	13	
n. Mandatory Month End Reporting Form	14	
<b>Please Provide the Following Required information:</b>		
Secondary School Transcript or Previous Post-Secondary Transcripts Attached		
Academic Planning Form attached or Returning Students Academic Advisory Report		
Letter of Acceptance from Institute or Registration Information for Upcoming Semester		
Current Resume attached		
<i>I hereby declare all information to be relevant and true to the best of my knowledge:</i>		
<i>Signature of Student:</i>		<i>Date of Application:</i>

## Student Acknowledgement Form

I understand that a copy of the policy can be found on the Simpcw First Nation website or at the Simpcw Education office. I, \_\_\_\_\_ have read the Simpcw First Nation Post-Secondary Education Policy and understand the Simpcw First Nation Post-Secondary Education Policy.

Signature of Student:	
Date:	

## STUDENT AUTHORIZATION – OTHER RESOURCES

Simpcw First Nation encourages the involvement of parents, mentors, student counselors, and tutors for the success of students. Due to the confidentiality relationship between Simpcw First Nation and the student, cannot discuss or otherwise communicate any information about the student unless this release is signed.

I, \_\_\_\_\_, authorize the release of all pertinent information by the Simpcw First Nation regarding course registration, attendance, progress, transcripts, and marks and funding history to \_\_\_\_\_ (parent, school counselor or other) for the purpose of education planning and funding.

This document will be in effect for the duration of my education program.

Institute Attending:	
Signature of Student:	
Student Number:	
Date:	

## Personal Record

<b>First name</b>		<b>Middle name</b>			<b>Last (surname)</b>	
<b>Address:</b>	<b>Box #</b>			<b>Street number &amp; Street Name</b>		<b>Town, Postal code</b>
<b>Phone #:</b>				<b>Message #:</b>		
<b>Email Address:</b>				<b>S.I.N. #:</b>		
<b>Date of Birth:</b>				<b>Band Number:</b>		
<b>Marital Status:</b>	M	C/L	S	X	<b>Spouse's Name:</b>	
<b>Highest Grade Completed:</b>				<b>Year of Completion:</b>		
<b>List of Dependents Names and birthdates: (not including spouse)</b>						
<b>First Name:</b>		<b>Last Name</b>			<b>(Month/Day/Year</b>	
<b>Have you been previously funded by Simpcw First Nation?</b>				<b>Yes:</b>	<b>No:</b>	
<b>Institute Returning to:</b>		<b>Year of Program entering into:</b>			<b>First Time Applicant:</b>	
<b>Post-Secondary Institute Attended</b>		<b>Program(s) / Course(s)</b>			<b># of Semesters</b>	
<b>Do you currently owe funds for any previous incomplete course(s) program(s)?</b>						
<b>Yes:</b>	<b>No:</b>		<b>If Yes, Please Contact The SFN Accounting Department To Arrange Repayment.</b>			<b>Date Of Contacting SFN Accounting Department, Name of Contact.</b>

## Education Program Selection

<b>CHECK ONE:</b>	<input type="checkbox"/> College Prep (8 months) <input type="checkbox"/> Certificate (must be 10 months or Longer) <input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters (tuition and book funding only) <input type="checkbox"/> Doctorate Degree (tuition and book funding only)			
Name of Post-Secondary Institute:					
Name of Program you are registering for:					
Student Number:					
Length of Program (Mandatory)					
# months used allocated per student	32 (College Prep Not Included)	# months for Program:		# months used:	
Start Date of program:	Yr. / Mo / Day	End Date of current academic year:	Yr. / Mon / Day	Expected Graduation date:	Yr./ Mon / Day
Select the boxes for which months of the semester you are planning to attend (*Include Practicum:)					
Fall	Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>	Winter or Spring	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/>	Summer	May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/>
Full-time Post-Secondary Education		Part-Time Post-Secondary Education	Reason:		
Are you applying for Student On-Campus Housing? (RECOMMENDED FOR FIRST YEAR APPLICANTS)	Yes:	No:	If yes, please contact the SFN Education Coordinator and a sponsorship letter will be provided for your application. Funds will be paid to the institute and deducted from your Education Living Allowance.		

Signature of Student:	
Date:	

## STUDENT AUTHORIZATION – EDUCATION INSTITUTE

I, \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, do authorize the release of all pertinent information by the **post-secondary institution I am attending**; regarding course registration, attendance, progress and transcripts or marks to the Simpcw First Nation. The Education Program Manager and the Administration will review and assess the validity of this information for continued financial assistance when deemed necessary.

Institute Attending:	
Signature of Student:	
Student Number:	
Date:	

## AGREEMENT FOR FUNDING

<b><u>Student Name:</u></b>		<b><u>Funding Year:</u></b>	
<b><u>Institute:</u></b>			

The Band will provide financial assistance to the Student (above mentioned) under the conditions of this contract. The Band is subject to Department of Indian Affairs guidelines for provisions of funding to Post Secondary Students.

**The Simpcw First Nation agrees to supply funding when the Student accepts responsibility of:**

- a) Performing to the best of their ability to receive passing grades
- b) Being enrolled in four courses per semester
- c) Provide transcripts at the end of each semester
- d) Notify the Education Worker if dropping a course or changing registration status
- e) Reimburse the Band for failed or withdrawn courses
- f) fill out the required forms and submit them well before courses start
- g) **As of August 1, 2008, all Post-Secondary Students will be required to submit a monthly progress report in order to maintain funding support.**

**Funding may be terminated:**

- a) When funding exceeds amount stipulated in guidelines
- b) Student does not demonstrate willingness to meet academic or financial management.
- c) When a student sues Simpcw First Nation.

**Application is reviewed before funding decision:**

- d) Applications are reviewed by the education manager unless there are issues will the decision to fund the student, thereby, the band manager may review the application and make a final decision and inform the applicant.

**Based on this the Band will supply under the guidelines:**

- a) Funding as outlined in guidelines
- b) Counseling or referral to appropriate worker upon request
- c) Copies of funding guidelines that pertain to students

The Student may appeal decisions in writing to the Band Manager. If not satisfied with the decision, further appeal can be made by completing Appendix G: Education Appeal Form, then submit to the Education Board. The Education Board decision is FINAL.

I accept the responsibility for meeting the requirements from the Institute where I attend classes and the guidelines set out by the Simpcw First Nation. I hereby accept this **CONTRACT** and understand the Band can terminate my funding if these guidelines are not met.

Student Signature		Date	
Education Program Manager		Date	

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## EDUCATION SELF-ASSESSMENT

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

Education planning is critical to success in attending training. This includes considering personal barriers and planning for unforeseen situations that may affect your attendance and course assignments. The following is a questionnaire that includes a number of areas that cause difficulty or stress for students. This form will not affect your application but is intended to be a part of the planning strategy for students.

### 1. Readiness:

Are there things happening in your life right now that may be barriers in training?

- Income to live
- Place to live
- Daycare
- Health problems
- Transportation
- Addictions (Drugs or Alcohol)
- Physical or mental challenges
- Low reading levels
- Low math skills
- No support systems (friends, family, spouse, councilor, program, spiritual/social group)
- Family responsibilities
- Crisis in life
- Motivation
- Depression
- Single Parenting
- Other, please describe

Which of the following areas do you think you might need help with?

- Communication skills
- Self esteem
- Confidence
- Assertiveness
- Problem – solving
- Conflict resolution
- Diet and nutrition
- Dealing with project (PROCRASTINATE)
- Lack of motivation
- Difficulty in relationships
- Poor coping strategies
- Addictions
- Boundaries/ Saying no
- Unhealthy lifestyle
- Unsure of what I want to do?
- Other please describe

### 2. Career Decision – Making

Do you know the type of job that the training will prepare you for?

Yes  No  Not Sure

If yes, what kind of work is it?

Short term: \_\_\_\_\_

Long term: \_\_\_\_\_

Does your education require apprenticeship?

Yes  No  Not Sure



Do you need assistance in career planning?

Yes  No (one step at a time)

### 3. Course-Work Requirements

Do you have the knowledge / skills / study habits necessary to be successful in training?

Commitment to study (at least 30 hours per week

In addition to attending class for 15 to hours per week)

Yes  No  Not sure

Planning for assignment / exam due dates:

Yes  No  not sure

Maintaining good health (proper sleep/ eating/exercise):

Yes  No  not sure

Managing your social life:

Yes  No  not sure

Managing your relationships (setting boundaries):

Yes  No  not sure

Problem-solving / conflict resolution

Yes  No  Not sure

Communication in class (peer students / instructors)

Yes  No  not sure

4. **Briefly summarize your future Education Plan and Goals. For example, where you would like to attend, what program you are interested in, what kind of job will it prepare you for. Include information about why you think you are suited for this career:**

### Career Planning Form:

Applications must also include evidence of Career Planning. Careercruising can help you look at the different options for the schooling you want to take.

PUT IN INFO ABOUT CAREERCRUISING.COM

Login name is ssn

Password is region7

### About Accuplacer Test

Ask academic advisor about completing and Accuplacer Test. Accuplacers help in knowing where you are in different subjects that could affect your schooling.

Place your Accuplacer Test Results Assessment (for graduation without Dogwood and Returning Students)

### Summary of Voluntary Work:

Please write a brief summary of your volunteer and/ or community involvement (can be in any community):

## BUDGETING INFORMATION

Funds provided by Indian Northern Affairs Canada for education is limited and have stringent reporting requirements. The living allowance provided is not expected to cover the cost of education but to supplement. The purpose of the following information is to verify that students have planned for the costs related to education.

### Income:

SFN Living Allowance	
Student Loan	
Income from Employment	
Scholarships/Bursaries/Awards	
Child Tax Credits	
Other (Savings, Parents, spouse, etc.)	

**Total Income:** \_\_\_\_\_

### Fixed Expenses:

	Per Month:	Per Year:
Rent/Housing Payment		
Car Insurance/Maintenance		
Home Insurance		
Other Insurance		
Credit Card Payments		
Loan Payments		
Other – bank charges		
Phone or Cell		

**Total Fixed:** \_\_\_\_\_

### Living Expenses:

	Per Month:	Per Year:
Hydro/Gas		
Telephone		
Cable		
Taxes/User Fees		
Transportation, Bus Fare, Institute parking		
Food (breakfast, lunches, dinner)		
Cleaning Supplies & Laundry		
Clothing		
Emergency Fund		
Childcare/Babysitting		
School Supplies & Books		
Tuition		
Other: Restaurant, Entertainment, ect.		

**Total Living:** \_\_\_\_\_

**Total all Expenses:** \_\_\_\_\_

## Post-Secondary Student Finance Record/Banking Direct Deposit Information

I agree that the Simpcw First Nation Accounting department has access to this form and consent for direct banking form only for the purpose of Post-Secondary Living Allowance Records and for Direct Deposit. If I decide to change banks I will supply the information well in advance to avoid mix-ups.

**If I do not have a Bank Account, I understand that my check will be mailed and there will be likely up to 5 banking days before I receive it.**

<b>Student Name:</b>	
<b>Mailing Address:</b>	
<b>Birthdate:</b>	
<b>Social Ins. #:</b>	
<b>Bank Address:</b>	
<p><i>Please do not fill in this section.</i></p> <p><i>Please attach the direct banking consent form from your financial institute with the following information:</i></p>	<b>Bank Name / ID</b>
	<b>Bank Transit Number:</b>
	<b>Bank Acct Number:</b>
	<b>Bank Acct Type:</b>
	<b>Checking</b> ___ ___ <b>Savings:</b> _____
<b>IS YOUR CONSENT FORM ATTACHED</b>	<b>YES</b> <b>NO</b> <b>WILL SEND IT</b>

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**OPTIONAL:**

I further agree my education allowance check may be released to the Education Program Manager for the purposes of depositing (deposit receipt to be provided) or for delivery to myself (for which I will sign).

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Living Allowance Rates

	Single	Single Parent	Married with *Dependent Spouse	Married with **Employed Spouse
Living Allowance rates	\$1075/month	1 dep.: \$1445 2 dep.: \$1630 3 dep.: \$1815 \$85 each additional dep.	\$1265/month 1 dep.: \$1430 2 dep.: \$1595 3 dep.: \$1650 \$85 each additional dep.	\$1075/month  (cannot claim for dependents)

\*Must be making less than \$19,019.00/year (\$10.45 an hour for 35 hours a week for 52 weeks)

\*\*Must be making more than \$19,019.00/year

\*\*\* Living Allowance rates will prorate when there is less than 30 days, which indicates that the post-secondary student will not receive the full months living allowance due to this prorating.\*\*\*

## MANDATORY MONTH END REPORTING FORM

Date of Report	Year / Mo / Day
To:	Education Coordinator, Box 220, Barriere, BC V0E 1E0 Tel: (250) 672-9995 / 1-800-678-1129
	Email: <a href="mailto:education@simpcw.com">education@simpcw.com</a> Fax: (250) 672-5858
Name of Student:	
Name of Institute	
Re:	<b>Simpcw First Nation Post-Secondary Education Funding</b>

The following is confirmation of my attendance and progress. I understand that the deadline *for **this monthly report is the 1st Friday of each month.***

I am registered in 4 or more courses	Yes or No	
I am aware of drop or withdrawal dates from courses for my institute	Yes or No	Please print here:
I have met with an Academic Advisor and have submitted an Academic Plan to SFN	Yes or No	
I have exempted myself from the medical / dental costs at my institute	Yes or No	
I am aware of my professors office location and office hours	Yes or No	
I have made a calendar with assignments due dates marked for each course	Yes or No	
I am aware of the Institute and Aboriginal support services that are available	Yes or No	
I am aware of the computer lab and library support services that are available	Yes or No	
I have attended classes regularly	Yes or No	
I am completing assignments on time	Yes or No	
I require tutoring assistance	Yes or No	If yes - course name and #
I have had personal problems that I require help with	Yes or No	
I am satisfied with my progress	Yes or No	
I have done something this month for self-care	Yes or No	

Any comments you would like to make:

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