



Name of Applicant: \_\_\_\_\_

Year Applied for: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ (Office use)

## **Post-Secondary Application for Funding**

**Attention: USIB – NEW or Returning POST SECONDARY STUDENTS**

**APPLICATION DEADLINE APRIL 30<sup>th</sup> of 2024.**

January and Summer students are funded based on the waitlist from September

***Please read the enclosed USIB Post-Secondary Education Development Policy for Funding before filling out your Application Form.***

*If you have any questions regarding the Policy, please contact the USIB Education Coordinator.*

### **Please submit the following documentation with your Application:**

1. Complete an Application Form for Post-Secondary Funding: (keep for your reference).
  - A completed application form.
  - Applicants Budget & Financial Worksheet
  - Letter of intent (include an outline of the program you are applying for)
  - Applicants previous Education & Training
  - Letter from counsellor stating you have met all criteria for the program.
  
2. Additional documents to be attached:
  - Letter of acceptance into your current Program of Study
  - Most recent Official Transcripts (*sealed and sent to the Education Coordinator, see address below*)
  - Copy of Registration, Course Syllabus
  - Required textbooks for your courses – with costs
  - 3<sup>rd</sup> Party Sponsorship Form from your institution
  - Signed Waiver/Release information form from your learning institution
  - Proof of additional applications of other funding sources.
  - Direct Deposit information (i.e. Void Cheque)

Please submit the completed application to the USIB Education Coordinator before the cut off deadline. A personal interview will be necessary. A new application for funding must be filled out every year. Should you require further clarification contact the Education Coordinator, thank you for your interest in furthering your education. Please retain copies for your records.

Thank you

Cecelia Louis-Ralston – USIB Education Coordinator



## Application for Post-Secondary Funding (& for continuing studies)

**Enrolment Period:**       **Fall**               **Winter**               **Spring**               **Summer**

**Applicants Information:**

First Name:		Last Name:	
<b>Current Mailing Address:</b>			
City:		Postal Code:	
<b>Telephone #</b>		Email Address:	
S.I.N.		Band Status Number:	
<b>Marital Status (Please Check)</b>		Date of Birth (month/day/year):	
Single:	Married:	Common Law:	Name of Spouse:
<b>Spouse's/Common Law Partner Information</b>			
Last Name		Given Name	
S.I.N		Employer	
Receiving other benefits? Yes / No		State Benefits (WCB, Pension, etc.)	
Number of Dependents (under the age of 18 – Living with you) Provide proof of Residence.			
<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>	<b>Relationship</b>

**Applicants Financial Information:**

<b>INCOME: Are you presently:</b>			
Full-Time Employed:	Part-Time Employed:	On Social Assistance:	Receiving Employment Insurance:
If employed, do you plan to continue employment? Yes / No		If yes, how many hours per week	
Your Approximate Annual Income (excluding your Bursary)			
<b>Under \$15,000</b>	<b>\$15,000 - \$25,000</b>	<b>\$25,000 - \$40,000</b>	<b>Over \$40,000</b>
Your Spouses Approximate Annual Income (not including Bursaries)			



<b>Under \$15,000</b>	<b>\$15,000 - \$25,000</b>	<b>\$25,000 - \$40,000</b>	<b>Over \$40,000</b>
Summer employment: \$		Part-Time while at school: \$	

**Applicants Previous Education & Training:**

Institute & Location:	Program:	Program Completed (Y or N)	Year Completed:	Certificate or Diploma Received:

Please Attach, another page if necessary.

**USIB Education Training Requested:**

Name of Program or Course:	
Type of Program:	Name of Counsellor:
Length of Program: number of Months:	
Name and Address of Institution:	

**I certify that all the above is true and correct to the best of my knowledge. I understand and accept that the USIB Education Staff and Committee will discuss my application in order to assist with their budgeting and planning.**

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)



**FOR EDUCATION COMMITTEE USE ONLY:**

Committee Members – Names & Signature	Date Application Reviewed.
1.	
2.	
3.	

**EXPENSES**

**Budget Worksheet for Living Expenses, while attending Post-Secondary:**

***Please Note:** The Fiscal Year runs from April 1<sup>st</sup> to March 31<sup>st</sup>. If your sessions run into Spring/Summer, those expenses need to be applied for in the next Fiscal year.*

Rent, Room/Board, Dorm	
FOOD	
HYDRO	
PHONE	
Travel (Detail on the right)	
Parking or Bus Pass	
Personal	
Clothing	
Entertainment / Miscellaneous	
Daycare Fees	

**SCHOOL EXPENSE:**

TUITION	
BOOKS & SUPPLIES	
Extra Mandatory Costs (Detail on the right)	
Total Expenses:	
LESS USIB CONTRIBUTION:	
BALANCE:	

I have additional applications for funding. They are: (please list) Please provide proof of Application of these sources.

SCHOLARSHIPS : \_\_\_\_\_

BURSARIES : \_\_\_\_\_

AWARDS : \_\_\_\_\_

PROVINCIAL/FEDERAL STUDENT LOANS : \_\_\_\_\_

\*Please attach a signed copy of your learning institute's Waiver/Release of Information.





**A. Documentation Proof as a Registered Indian of Upper Similkameen Indian Band**

\*First Name: \_\_\_\_\_  
\*Last Name: \_\_\_\_\_  
\*Band Number: \_\_\_\_\_

Please provide a photocopy of your Band Status Card or sign below to give the Upper Similkameen Indian Band Education Program permission to access your Band Status Information from the Upper Similkameen Indian Band Membership Clerk.

I, \_\_\_\_\_ give my Band access to my Membership information in order to support my eligibility for USIB Post-Secondary Funding.

**B. Confirmation of Band Status**

The Upper Similkameen Indian Band Membership confirms that the above noted individual is a Registered Indian of the Upper Similkameen Indian Band and verifies that the Indian Band Status Card Number given is the individuals.

\_\_\_\_\_  
USIB Membership Clerk Signature

\_\_\_\_\_  
Date



## **Upper Similkameen Indian Band's Post-Secondary Student Funding Contract**

### **Part I:**

This contract is between the Upper Similkameen Indian Band and the undersigned student for the purpose of acquiring education sponsorship from the Upper Similkameen Indian Band in order to pursue a Post-Secondary program of study. Upon accepting sponsorship, I agree to the following Terms and Conditions in order to make the best use of my funding:

I, (Print) \_\_\_\_\_, have read the Upper Similkameen Indian Band's Post-Secondary Education Policy. I understand its content and intent and therefore I agree that:

1. I have read the Upper Similkameen Indian Band Post-Secondary Policy and submitted the application. I understand that any incomplete documents will be returned for clarification.
2. I understand that my application will be reviewed and that the criteria within the Policy will be taken into consideration.
3. I will register in a recognized, fully accredited Institution (as per –Department of Indigenous Services Canada (formerly Indian Affairs etc.) PSE- policy guidelines).
4. I will enroll in a full course load, which is a minimum of 4 courses or equal to a minimum of 12 credits per semester or what my institute considers full-time studies.
5. Once my application has been approved, the Band will notify the Post-Secondary Institution by sending a letter of Support for Sponsorship or a third-party sponsorship form to be filled out and sent by the Education Coordinator.
6. Tuition will be paid directly to the Educational institution by the Band. Books and living allowance for full-time students will be paid directly to the student. Living allowances are paid as direct deposit to the student's bank account the 3<sup>rd</sup> week of every month for the next month's allowance.
7. Should I not complete the course or program of studies, that I have entered into, for reasons other than a medical release or other emergency reasons, I will pay back any monies that the Upper Similkameen Indian Band has paid towards my education from the dates mentioned in this agreement. Unexplained absences over (3) day will result in automatic termination of education assistance.
8. I will maintain a minimum 3.0 GPA Average.
9. Should I withdraw or be terminated by the institution, I will pay the Upper Similkameen Indian Band the money owed to them within one calendar year from the date of withdrawal or termination of studies.
10. Until all official transcripts of sponsored courses have been provided to the Education Coordinator and all outstanding debts are paid to the Upper Similkameen Indian Band, I understand that I will not be eligible for further funding.
11. To notify the Upper Similkameen Education Coordinator immediately of any: changes of address, enrolment addition/withdrawal of classes, probation, suspension, etc. (please provide reason for changes).
12. I will attend class regularly and report any absences over three (3) days per month.
13. I authorize the USIB Education Coordinator full access to my grades, progress reports, attendance records, and any other information that may be pertinent to my Post-Secondary education.
14. I will keep the USIB Education Coordinator informed as to any fees, registration amounts, and deadlines for payment of fees.

### **Part II**

Once I have received my allocation of Living Allowance and Book Allowance, I will be responsible for my actions and will be expected by the Upper Similkameen Indian Band to spend this money accordingly. I understand it is the Policy of the Upper Similkameen Indian Band NOT to advance funds for books, supplies or living allowance.

### **Part III**

I have read and understand the policies and procedures for Educational Funding of the Upper Similkameen Indian Band and agree to all the above-named conditions.

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

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

\_\_\_\_\_  
Signature of USIB Education Coordinator