APPENDIX A

REQUEST FOR CONTINUED EDUCATION ASSISTANCE

I _____,

(Please print name clearly)

Am requesting continued funding for the 20___ Semester to attend

_____.

(Educational institute)

I understand that continued funding is contingent upon availability of funds, my previous transcripts, confirmation of registration in courses and or program.

_____ _____

Signature Date

_____

Student number

Please indicate below any changes as per your application for education assistance for the currently funded semester. (please print clearly)

_____

_____

_____

_____

_____

_____

APPENDIX B

DOCUMENT RELEASE FORM

Post-Secondary Education Institution Name & Address:

_____

_____

_____

Attention: **Office of the Registrar**

To Whom It May Concern:

As a student assisted by the Skeetchestn Indian Band, I hereby authorize the above named post-secondary education institution to release all transcripts, attendance records and other documents indicative of my progress to the Skeetchestn Indian Band .

Student Name: _____

Student Number: _____

Program of Study: _____

School Year: _____

Please forward the above mentioned documentation as they become available to:

Skeetchestn Indian Band
P.O Box 178
Savona, B.C
VOK 2JO

Attention*: Education Coordinator*

_____ _____

Student signature Date

*if the institution requires their own form, please have that filled out and sent in as well and provide the Education Coordinator a copy.

APPENDIX C

TRAVEL ASSISTANCE REQUEST FORM

Student Name: _____

Cheque Payable to: _____

Payee Address: _____

Date Requested: _____ Year: _____

☐ Full-time Student

☐ Distance Education E-Learning Student

Request

☐ Return Trip Home

- ☐ Fall Semester Date: _____
- ☐ Winter Semester Date: _____
- ☐ Spring Semester Date: _____
- ☐ Summer Semester Date: _____
- ☐ E-Learning Date: _____
- ☐ Mandatory Testing Date: _____

_____ _____

STUDENT SIGNATURE DATE

APPENDIX D

DOCUMENTATION REQUIRED CHECK LIST

Please note that the following documents must be submitted with your **Application Form**:

- ✓ Copy of Status Card
- ✓ Letter of intent
- ✓ Original acceptance letter from Post-Secondary Institution
- ✓ Education Plan from Advisor for new students or students making course/program changes
- ✓ Release form - Appendix C
- ✓ *Reference letter*
- ✓ *Income tax statement from previous year if claiming dependents*
- ✓ *Official sealed transcripts of all schooling / Certificates*
- ✓ *Any other forms that the institution may require for sponsorship*

APPENDIX E

POLICY AGREEMENT

I, _____ have read, and understand the Skeetchestn Indian Band's Post-Secondary Education Policy and Procedure manual (PPM)

By signing this I am:

- agreeing to abide by the policies and procedures as set out in the in the PPM to ensure continued funding;
- acknowledging, and agreeing to my roles and responsibilities as a student as set out in the PPM;
- acknowledging, and agreeing to the Education Manager or designates roles and responsibilities as set out in the PPM; and
- acknowledging, and agreeing to the Skeetchestn Indian Bands roles and responsibilities as set out in the PPM

_____ _____

Applicant Signature Date

_____ _____

Education Coordinator Signature Date

APPENDIX F

TERMS AND CONDITIONS AGREEMENT

I, _____ do hereby agree to the following Terms and Conditions for the funds I receive from the Skeetchestn Indian Band for Educational purposes.

1. I understand that I am to attend 90% of my classes; satisfy all course requirements; meet and maintain academic requirements of the attending post-secondary institute as well as the Post-Secondary Policy and Procedures Manual (PPM).
2. I understand that subject to the discretion of the Skeetchestn Indian Band I may be denied further education assistance if I do not meet and maintain the academic requirements as established by the attending post-secondary institute, and defined in the PPM.
3. I understand that I must submit Official Transcripts at the end of every funded semester to Skeetchestn Indian Band Education Manager when they become available from the attending post-secondary institute.
4. I understand that in the event I receive education assistance under false pretense I may, at the discretion of the Skeetchestn Indian Band be held liable to repay the amount falsely received and be denied further education assistance.
5. I understand that my approval for education assistance is subject to availability of funding.
6. I understand that should I receive a grade of `W`(withdrawal) or DNC (did not complete), I will be held responsible to compensate the Skeetchestn Indian Band Education Department all amounts received in assistance of each course. This includes but is not limited to the following:
    - Tuition
    - Books
    - Living allowance

7. I understand that receipt of further education assistance will be refused until all debts to the Skeetchestn Indian Band have been paid in full.
8. I also understand in order to be eligible for education assistance I must meet the criteria as established in the Skeetchestn Indian Band Post-Secondary Policy and Procedure manual.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Parent (under 19 yrs of age) Date

_____ _____

Post-Secondary Institute Student ID