

Employed spouse source of income:	Spouse income: <input type="checkbox"/> Less than \$30,000 annually <input type="checkbox"/> \$30,000 to \$60,000 <input type="checkbox"/> \$60,000 or more
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Education Plan

<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Level of Study (as per section 14 of NPSEAP): <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	What year of your plan are you in: _____ Length of Program: _____
Program of Studies: _____	Start Date: _____ End Date: _____

Education History

School Name	Program	Completion	Year
Secondary			
College			
University			
Other			

I hereby apply for financial assistance under the Nisga'a Post-Secondary Assistance Program. I confirm that the information provided in my application is accurate.

I authorize the Nisga'a Village of _____ to access information pertaining to this application for the purposes of confirming Nisga'a citizenship and administering the Nisga'a Post-Secondary Assistance program and my eligibility.

I agree:

1. To provide proof of registration to the institution to which I have made application
2. To authorize the Education Administrator to inform

Signature

Date

APPENDIX 2—STUDENT CONTRACT

I hereby declare, that all the information and documentation, I have provided to determine eligibility for the Nisga'a Post-Secondary Education Assistance Program is to the best of my knowledge, correct and complete.

1. I understand that:
 - a. It is illegal to provide false or misleading statements on my application and all documentation related to it;
 - b. It is my responsibility to make sure that the information I have provided and will provide during my sponsorship are accurate;
 - c. All information is subject to audit or verification;
 - d. If I do not provide complete, accurate information, or if I obtain to attempt to receive financial assistance by fraudulent means, I may be denied student NSPEAP funding now or in the future.
 - e. If I receive assistance and it is found that my application, or documents forming part of it, are not accurate, I will be required to pay all of the funds distributed on my behalf as per section 14.
 - f. I understand and agree that should my assistance be terminated, I will not be eligible for further funding until I have paid all monies back to the village government, or be in good standing.
2. I understand that by signing this contract it means:
 - a. I have answered all questions on the application that pertain to me.
 - b. I certify that all the information is complete and correct.
 - c. I meet all the eligibility requirements for this program, as set out in the application form and will provide documentation to confirm my enrolment.
 - d. I consent to the exchange of information between my Village Government and Nisga'a Lisims Government for the purposes of administering the NPSEAP.
 - e. I consent to the exchange of information between the institution I am attending and my sponsor.
 - f. I agree to utilize the assistance I receive for the intended purpose.

This agreement is in effect for the _____ school year.

_____ for and on behalf of the Village Government Education Department
Education Administrator

Student signature

Date

Appendix 3: Probation Contract

According to the Nisga'a Post-Secondary Education Assistance Program Policy

I, _____, understand that in order to continue my sponsorship:

- ✓ I agree to maintain a C+ average
- ✓ I agree and understand that my probationary period will be in effect from _____ to _____
- ✓ I agree that I will not withdraw from any courses without the consent of my sponsor, Nisga'a Village of _____
- ✓ I agree that any incomplete, failures, withdrawals, etc. of any course(s) or program of study will not be sponsored for again by the respective Education Department and those costs will be my responsibility.
- ✓ I agree to maintain contact with my Education Administrator every month to report my progress. My monthly progress report will be submitted within 5 days prior to month end. I understand that failure to do so, may result in a hold or delay in the disbursement of my monthly living allowance.

I hereby acknowledge and accept the terms and conditions as presented.

Student signature

Date

Appendix 4 Appeal Form

Nisga'a Village of: _____

1. Decision to be appealed: (this section to be completed by Education Administrator)	
Applicant/Student Name:	Date that the applicant/student was notified of the decision (Date and method of notification)
Statement of Education Administrator; including the decision made and relevant NSPEAP 2014 policy.	
Education Administrator signature:	Date:

2. Request and reason for Administrative Appeal (this section to be completed by student)	
Applicant/student Name:	Date that the applicant/student was notified of the decision (Date and method of notification)
Address and contact number:	
I am appealing the following decision made and request an Administrative review for the following reason(s):	
<p>Note: As per Programs & Services Delivery Act, section 23.1.b providing an impartial process for the appeal of an administrative decision</p> <ul style="list-style-type: none"> i. Refusing to provide ii. To discontinue, or iii. To reduce <p>Service or benefits to any person</p>	
Applicant signature:	Date:

Administrative Review Certification:

Administrative Review completed by: (name and position):

Date:

I hereby certify that an Administrative Review has been conducted in respect of the decision made by the Village Government Education Administrator and recommend the following:

- Uphold the decision made by the Education Administrator
- Vary the decision made by the Education Administrator (include clear direction for any action to be taken by the Education Administrator, or the student)

Comments:

Labour Market Research Package

The purpose for this labour market research is to assist you in making an informed career choice that will suit your personality and lifestyle. The best source of information to find out about a job or the demand for the career you are choosing is an employer.

As a result, you **MUST** complete the following:

- **Contact a minimum of three (3) employers in the field or occupation you are training for and complete the labour market research form.**
- Submit the completed forms with your application for funding.
- The forms **MUST** be included with your application. **Failure to complete three (3) labour market information forms may result in a delay in assessing the application.**

Remember that the purpose for this research is to learn and gather information about the career you are training for not to get a job.

An example of how you might say to the employer is:

"I am interested in training for a career in _____ and I would like to learn and gather information about this career. I would like to know if we could meet or if we can talk right now so I can complete this research. It should only take about 10 to 15 minutes of your time and will help me make an informed decision about this career."

Please complete and submit this package with your application as soon as possible to avoid any delay in processing your application

NISGA 'A LISIMS GOVERNMENT EMPLOYMENT SKILLS & TRAINING

Business Name:

Contact Name:

Phone Number:

Date Contacted:

How was the interview conducted: In person By telephone

1. What are the typical duties of this job? _____
2. What skills are the most important for this job? _____
3. What are the hours of work? _____ Is there Shift Work? Yes No
4. Is this type of work: full-time part time seasonal
5. What is the starting wage for this job? _____
6. What are the working conditions like? _____
7. What are the most appealing aspects of this job? _____
8. What are the least appealing aspects? _____
9. What are the educational requirements for this job? _____
10. What type certification or credentials are required? _____
11. What opportunities exist for advancement? _____
12. What is the demand for people trained for this type of work? _____
13. What other areas within this company would this training apply? _____
14. How many people will this company be hiring for this type of work within the next year? _____
15. What additional experience or training would you encourage for someone pursuing a career in this field? _____

Additional Comments

NISGA 'A LISIMS GOVERNMENT EMPLOYMENT SKILLS & TRAINING

Business Name:

Contact Name:

Phone Number:

Date Contacted:

How was the interview conducted: In person By telephone

1. What are the typical duties of this job? _____

2. What skills are the most important for this job? _____

3. What are the hours of work? _____ Is there Shift Work? Yes No

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13. What other areas within this company would this training apply? _____

14. How many people will this company be hiring for this type of work within the next year? _____

15. What additional experience or training would you encourage for someone pursuing a career in this field? _____

Additional Comments

NISGA 'A LISIMS GOVERNMENT EMPLOYMENT SKILLS & TRAINING

Business Name:

Contact Name:

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Additional Comments
