



Nisga'a Post Secondary Education Assistance Sponsorship Application Package

From: _____ Date: _____

To: EDUCATION DEPARTMENT Gingolx
Village Government 607 Front Street
Gingolx, BC V0V1B0
Email: Renee.Clayton@gingolx.net

Phone: 250-326-4212 / Fax: 250-326-4208

Application Deadlines

- Received on or before 5:00 PM on the following dates:
 - June 15 for academic programs beginning in September
 - October 15 for academic programs beginning in January
 - March 15 for academic programs beginning May
 - Application submission must have all applicable supporting documents attached
 - Official Transcripts must be mailed directly to our office
 - Continuing students are required to re-apply every year and must complete the full application process
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Sponsorship Applicant Checklist

Before mailing, faxing, or emailing your completed sponsorship application, please ensure that it contains all the following documents:

- Complete and signed PSE Application Package (Pages 2-10)
- Acceptance letter from institute verifying confirmation of program of study with start and end date
- Copy of Government issued Identification for applicant and if applicable, all dependents included on application
- Verification from institute of the cost for tuition, and an estimate cost of the books and mandatory supplies
- Previous Tax Years Notice of Assessment
- Direct Deposit Form from banking institution
- Sealed Official Transcripts from all educational institutions attended, to be mailed directly to our office

APPLICATION FOR FUNDING

How to complete this application: Print clearly and complete all sections. You must submit your completed application to your respective Nisga'a Village Government as per section 10 of the Policy. The Village Government will determine your eligibility, based on the policy set out by Nisga'a Lisims Government.

Part A: Personal Information <i>(student to include copy of identification for self and all dependents included in the application)</i>	
Last Name	Social Insurance Number
First Name and Middle Name	Email Address
Current Mailing Address	Date of Birth <div style="display: flex; justify-content: space-between; width: 100%;"> Year Month Day </div>
Nisga'a Citizenship Number	Indian Registry Number (Band Number)
Local Address	Phone number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of dependents
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single parent <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Name and DOB for Dependents
Applicant source of income Spouse source of income:	Total family income <input type="checkbox"/> Less than \$30,000 annually <input type="checkbox"/> \$30,001 - \$59,999.99 <input type="checkbox"/> \$60,000 +
Have you accessed any Post-Secondary funding from another Post-Secondary Education Department? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state contact name and number:
Have you transferred your village membership from the time of your application for citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state contact name and number:

APPLICATION FOR FUNDING

Section B: Application Details	
What funding are you seeking: (check all that apply)	
<input type="checkbox"/> Tuition <input type="checkbox"/> Books and supplies <input type="checkbox"/> Living allowance <input type="checkbox"/> Travel Assistance <input type="checkbox"/> Tutoring <input type="checkbox"/> Special Circumstances (please elaborate on separate piece of paper to be attached) <input type="checkbox"/> Other: (please elaborate on separate piece of paper to be attached)	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Level of Study: <input type="checkbox"/> Certificate <input type="checkbox"/> Masters <input type="checkbox"/> Diploma <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelor <input type="checkbox"/> Trades	Program/course start date Program/course end date
Program/course name	Institution

Education History			
School Name	Program	Completion	Year
Secondary			
College			
University			
Other			

I declare and affirm that the information provided by me on this application form is complete and correct and as given in order to substantiate my entitlement to Post-Secondary Assistance/benefits.

I agree to advise the Education Administrator of any change in my financial status, income, marital status, family size, or other circumstances that may affect my eligibility of benefits.

I further consent to the Education Administrator, any information in this application to any such source or any such reporting agency, in order to verify or confirm the information, and further consent to any such source disclosing information to the Education Administrator in order that it can verify or confirm the information in this application.

I agree: **1.** To provide proof of registration to the institution to which I have made application
2. To authorize the Education Administrator to confirm the information included on this application

Signature

Date

EDUCATION DEPARTMENT



Gingolx Village Government
607 Front Street

Gingolx, BC V0V1B0

Email: Renee.Garner@gingolx.net

T: 250-326-4212 / F: 250-326-4208

LETTER OF INTENT

Applicants can submit actual letter of intent; if not this form is available for you to fill in

Name (in full)

Full Mailing Address

CHECK ONE

Continuing Student

New Applicant

Previously Sponsored

I am submitting this letter of intent as a notice to the Education Department of Gingolx Village Government as to why I personally wish to pursue post secondary studies.

My long term educational goal(s) is/are to

Additional Comments

Applicant Signature

Date



Gingolx Village Government
607 Front Street
Gingolx, BC V0V1B0
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POST SECONDARY RELEASE OF INFORMATION FORM

To Whom It May Concern

I hereby authorize Gingolx Education staff permission to obtain any student information regarding my academic status from the _____ teachers and institution staff for the academic year of _____ (i.e. 2019/2020). This includes inquiries regarding attendance, courses, grades, tuition and fees and anything other relating inquiries to my sponsorship with the Education Department of Gingolx Village Government

Education Department Contact

Renee Garner-Education Manager

Leah Smythe -Education Assistant

Student Signature

Date

Student Name (printed)

Students Please Note: You must return this form to our office as part of your sponsorship application for your student file and for our distribution to the institution.

NISGA'A POST SECONDARY EDUCATION ASSISTANCE PROGRAM



CONSENT TO RELEASE INFORMATION FORM

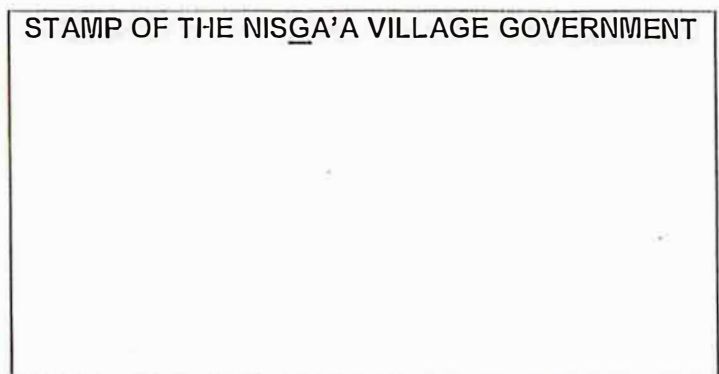
Please read, sign and date this form using ink only

I hereby consent to the release and / or exchange of information between Nisga'a Lisims Government and Nisga'a Village Government's for the sole purposes of verifying the information contained in my application and to allow for the general administration and enforcement of the Policy. I understand that the information provided in my application will be kept confidential.

Signature of Student:	Print Name:	Date Signed:
Signature of Nisga'a Village Government Education Administrator:	Print Name:	Date Signed:

FOR USE BY THE NISGA'A VILLAGE GOVERNMENT

STAMP OF THE NISGA'A VILLAGE GOVERNMENT





NISGA'A POST SECONDARY EDUCATION ASSISTANCE PROGRAM

STUDENT CONTRACT

Insert Student's Full Name

Hereby declare that all the information and documentation that I have provided to the Education Administrator of the Nisga'a Village Government of _____
Insert name of Nisga'a Village Government to which student has applied

(the "Nisga'a Village Government") to assist in determining my eligibility for financial support under the Nisga'a Post-Secondary Education Assistance Program Policy (the "Policy") is, to the best of my knowledge, accurate and complete.

A. Definitions

The words and expressions defined in Article 4.0 of the Policy have the same meanings in this Student Contract.

B. Eligibility Requirements Under the Policy

By signing this Student Contract, I hereby acknowledge and agree that

1. I have read and understood the Policy
2. I have met all the applicable eligibility requirements for financial support under article 5 of the policy
3. I have been enrolled in an eligible program of study at an eligible post-secondary education or training institution, in accordance with the Policy
4. It is responsibility to ensure that all the information that I provide to the Nisga'a Village Government in respect of my application for financial support under the Policy is accurate and complete
5. If I do not provide accurate and complete information to the Nisga'a Village Government in respect of my application for financial support under the Policy, I may be denied current and future financial support under the Policy, and any funding award granted to me under the Policy may be terminated
6. All information provided to the Nisga'a Village Government in respect of my application for financial support under the Policy is subject to verification by the Nisga'a Village Government
7. Any misrepresentations included on this Student Contract, my application form or any other documents submitted to the Nisga'a Village Government as part of my application for financial support under the policy may result in the termination of a funding award granted to me
8. If I receive or attempt to receive financial support under the Policy by fraudulent or dishonest means, I may be denied current and future financial support under the Policy and any funding award granted to me under the Policy may be terminated
9. If my funding award is terminated in accordance with the Policy for the reasons set out above or for any other reason provided for in the Policy, I will not be eligible for further financial support under the Policy until I repay the full amount of the funding award disbursed to me to the Nisga'a Village Government.

C. Maintaining Eligibility for Financial Support

By signing this Student Contract, I hereby acknowledge and agree that it is my responsibility to ensure that I maintain my eligibility for financial support under the Policy. To do so, I will ensure that I meet the requirements of Article 14.0 of the Policy. In particular I agree to

1. Maintain a grade point average of C+ or better
2. Use the funding awards that I receive under the Policy for the intended education expenses, as identified by the Nisga'a Village Government

To assist the Nisga'a Village Government in determining my continued eligibility for financial support under the Policy, I will provide official transcripts of my marks to the Nisga'a Village Government at the end of each semester.

D. Exchange of Information

By signing this student contract, I hereby consent to the exchange of information

1. Between the Nisga'a Village Government and Nisga'a Lisims Government for the purpose of administering the Policy, and
2. Between the post-secondary education or training institution in which I have been enrolled and the Nisga'a Village Government

This agreement is in effect for the _____ term (1st academic year, i.e. 2017/2018)

Student Name – Print Clearly

Student Signature

The Student has executed this agreement in the presence of:

Witness Signature

Address

OFFICE USE ONLY

_____ for and on behalf of the Village Government Administering Authority has executed this agreement in the presence of _____

Village Government Representative

Witness Signature

Address

ADMINISTERING AUTHORITY STAMP



Gingolx Village Government
607 Front Street
Gingolx, BC V0V1B0
Email: Renee.Garner@gingolx.net
T:250-326-4212 / F: 250-326-4208

FINANCIAL REQUEST

Financial Support Applying For _____

- Tuition
- Textbooks
- Living allowance (for full-time students only)
- Travel Assistance (to and from permanent residence only for school year, does not include to and from school or travel for holidays)

Program of Study _____

Current level of study you are applying for

- Level One – accredited community college, vocational or technical institutes with Certificate or Diploma program
- Level Two – Undergraduate Degree program
- Level Three – Graduate Degree program
- Level Four – Post Graduate Degree or Doctorate

Semesters Applying For _____

FALL Semester (September to December)

- Full Time Part Time

SPRING Semester (May to June)

- Full Time Part Time

WINTER Semester (January to April)

- Full Time Part Time

SUMMER Semester (July to August)

- Full Time Part Time

* Full-time usually means the student is taking a minimum of four courses per semester / or as defined by your institution

Expenses Per Year _____

Please provide overall program fees from Institution for your program (institution should have this information available for you, please provide their print out or fill in information below)

Tuition \$ _____

Student Fees \$ _____

Books \$ _____

Supplies/tools \$ _____

Additional comments or information applicable to financial request

Canada Revenue Agency -

Consent for Release of Information

Student's full name	Date of Birth	Social Insurance Number
<p>I hereby authorize the Canada Revenue Agency (CRA) to disclose the following information as declared in my application for funding:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Marital Status <input type="checkbox"/> Annual family income <input type="checkbox"/> Number of dependents 		

For the purposes of verifying the data provided in my application for NPSEAP ; I hereby consent to the release, by Canada Revenue Agency (CRA) to the Nisga'a Village of _____ Post-Secondary Department for the tax year _____.

The information will be used solely for verifying information on my application form and the general administration and assessment of my application of the NPSEAP.

Student Signature

Date

Post-Secondary Administering Signature

Date