



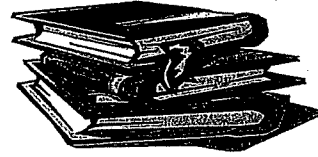
POST – SECONDARY APPLICATION PACKAGE

DEADLINE: TO HAVE ALL APPLICATIONS IN IS MAY 15TH, 2020

TAHLTAN BAND



Tahltan Education Department
PO Box 46, Tahltan Band
Telegraph Creek, BC
V0J 2W0
Tele: 250-235-3151
Fax 250-235-3244
Isabel.reid@tahtlan.ca



May 15th, 2020

Check list

All required Documents listed below needs to be included in Post-Secondary package to be considered completed.

1. Letter of Acceptance
2. Copy of up to date status card
3. Birth Certificate of each dependent
4. Record of Transcript/Past report card
5. Letter addressed to Chief and Council stating future plans
6. Canadian Residency letter
7. Authorization to release to information
8. Copy of voided cheque (for new applicants)

REMINDER:

Deadline is May 15th, 2020 to have all applications in NO LATER:

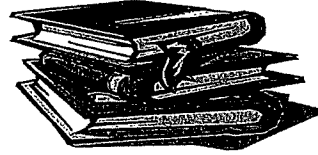
FOR ALL STUDENTS; CONTINUING, NEW GRADS AND NEW APPLICANTS.

Sincerely,

Isabel Reid
Education Coordinator



Tahltan Education Department
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Telegraph Creek, BC
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May 15th, 2020 to April 2021

If you need assistance in filling out application, contact me at above phone number or send me an email.

Please include a letter to Chief and Council addressing the following:

Past Education (transcripts should be included)
What your program you planning on taking
Your Goal your pursuing towards

Send in an outline of the Course or Program your applying for:

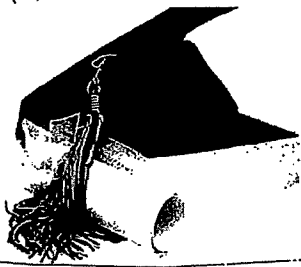
REMINDER!!!!

Maximum funding for each student is 5 Years.
Maximum amount for Tuition, per year per student is \$ 5,000.00.
Maximum amount for Books, per year per student is \$ 900.00.

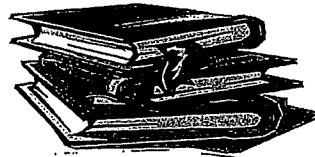
IT IS THE STUDENTS RESPONSIBILITY TO COVER ANY REMAINING COST.

Sincerely,

Isabel Reid
Education Coordinator



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Date: _____

Canadian Residency Letter:

I _____, certify that, I have been resident in Canada for 12 months.

prior to this Date: _____

Print Name: _____

Signature: _____

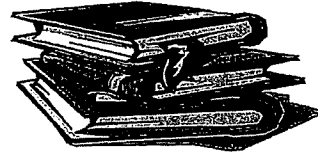
Sincerely,

Isabel Reid
Education Coordinator



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May 15th, 2020 to April 2021

AUTHORIZATION TO RELEASE INFORMATION

Date: _____

I, _____ (student name) hereby do authorize
 (Institute name) to release.

Information regarding my enrolment, status, grades, fees, attendance and any other
 information to the TAHLTAN EDUCATION DEPARTMENT (sponsor) or the Education
 Coordinator (Isabel Reid) or the Band Manager.

This authorization is valid from _____ to

_____ Or for the entire time, I am enrolled at the above-
 mentioned institution.

Signed: _____

Print Name: _____

Date: _____

TAHLTAN BAND COUNCIL

EDUCATION DEPARTMENT
 P.O. Box 46, Telegraph Creek, B.C. V0J 2W0
 Phone (250) 235-3151 Fax (250) 235-3244

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Social Insurance No.:	Date of Birth: Y M D	Gender: check one M <input type="checkbox"/> F <input type="checkbox"/>	Date of Application: _____, 20__	1. Indian Registry No.:	
2. Given Name:		Middle Name:	3. Surname:		
4. Permanent Address/Street:		5. City:	6. Province:	7. Postal Code:	
Telephone No.:	Spouse's Full Name:		Spouse's S.I.N.:	Spouse's Work No.:	

A. Marital Status (X)

Single Living with Parent(s) <input type="checkbox"/>	Single <input type="checkbox"/>	Single Parent <input type="checkbox"/>	Married (or C/L) with Employed Spouse <input type="checkbox"/>	Married (or C/L) with Dependant Spouse <input type="checkbox"/>	No. of Dependants _____
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B. Please List Your Dependants:

1. Name: _____	Age: _____	Relationship: _____	4. Name: _____	Age: _____	Relationship: _____
2. Name: _____	Age: _____	Relationship: _____	5. Name: _____	Age: _____	Relationship: _____
3. Name: _____	Age: _____	Relationship: _____	6. Name: _____	Age: _____	Relationship: _____

C. Past/Recent Education History (Last Year)

Year	Program (From Most Current)	Institute/School	Year of Study

8. Program and Institute You are Applying for Assistance:

Institute Name: _____ Institute Code: (Office Use Only) _____
 Institute Address: _____ Phone No.: _____ Fax No.: _____
 Institute Type: Check One College University University College Other Institute
 Are you studying: Full-time Part-Time
 Program/Course Name: _____ Area of Study Code: (Office Use Only) _____
 Qualification Sought: Check One Apprenticeship Program College Adult Basic Education Upgrade Non-Certificate Courses Bachelor
 Code: (Office Use Only) _____ College/University Preparation (UCEP) Diploma University Transfer Program Courses Shorter Than 1 Year Master/PhD
 Length of Program as specified by the Institute: _____ Level (Year) of Program You are in at present: _____ Year(s) of Sponsorship Requested: _____

D. Periods of Study for this Application: Summer (July-Aug.) Fall (Sept.-Dec.) Winter (Jan.-Apr.) Spring (May-June)

E. Classes Start: Y M D _____
Classes End: Y M D _____

F. Are You Receiving Funding From Any Other Source? Y or N: Name: _____ Source: _____

I declare that the information submitted in this application is true, correct and complete to the best of knowledge and belief and that the financial assistance sought will be used for the educational purposes set out as said. I understand that if I have given any false or misleading information, I will be liable for criminal proceedings. If I obtain funding under false pretences, I will be liable for full repayment of my grant. I hereby give permission to the Tahltan First Nations Education Coordinator to verify the information in the application and approve access of my school record. I will notify the Tahltan First Nations Education Coordinator, immediately if I withdraw from my course of studies or if there is any change in my status.

G. Student's Signature _____ **Date** _____

H. Student's Checklist. (Have You Included?) _____ Birth Certificates for Each Dependant
 _____ Letter of Acceptance _____ Copy of Your Indian Status Card _____ Record of Past Transcripts/Report Card
 _____ Letter Addressed to Chief and Council Stating Your Future Plans

I. NOTE: ALL INCOMPLETE APPLICATIONS WILL BE RETURNED!

Fiscal Year	Fall 20__ / __	Winter 20__ / __	Spring 20__ / __	Summer 20__ / __
Living Allowance				
Tuition				
Books, Supplies				
Seasonal Travel				

Counselor's Remarks:

FOR DEPARTMENT USE ONLY

Approved Rejected Comments: _____

Authorized Signature: _____ Date: _____

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APPLICATION FOR TAHLTAN BAND COUNCIL'S POST-SECONDARY STUDENT ASSISTANCE

THE DEADLINE ON ALL APPLICATIONS IS SET FOR MAY 15TH OF EACH YEAR. EACH STUDENT APPROVED FOR FUNDING WILL BE NOTIFIED IN WRITING.

1. Indian Registry Number: the number used within the Indian Registration System to uniquely identify a Registered Indian.
2. Given Name: the given name is the first name of the student.
3. Surname: the surname is the family name of the student.
4. Permanent Address-Street: the permanent home address which might be reasonably expected to know the whereabouts.
5. Permanent Address: City.
6. Permanent Address: Province.
7. Permanent Address: Postal Code.
- A. Marital Status:
 - Single living with parents at home.
 - Single and residing alone or with roommates not common-law.
 - A single parent.
 - You are married and your spouse/common-law is employed, receiving U.I.C., or sponsored student.
 - You are married/common-law, but your spouse is fully dependant on your income.
 - The number of your totally dependant children or others who are totally dependant on you.
- B. List of your dependants: name, age, relationship.
- C. Past/Recent History:
 - What year were you attending?
 - What program?
 - What institute/school?
 - What year were you in? 1st, 2nd, 3rd, 4th.
8. The name of the institute for which you are applying to attend. Location of the institute/school. Date you expect to graduate. Very important this is filled out completely.
 - Are you applying for full-time or part-time attendance?
 - Is it Post-Secondary (P/S), College Preparation, or Regular (Vocational Trades Program, i.e. welding, carpentry, etc.)
 - What is the Program/Course?
 - Please give the description of the course. i.e. arts course or program description (Psychology Major, etc.)
 - The degree or certificate you will obtain when you finish this program or course.
 - How many years you are applying for sponsorship?
- D. Each year the student must fill out a new application. Please check off the periods of study for this application.
- E. The date you will start classes, and the date you will end classes.
- F. Very important, please fill this in. (Self explanatory).
- G. Very important, please sign. (If not signed, this application will be considered incomplete).
- H. Your checklist for documents. You must include these documents with this application.
- I. If the tuition, books and supplies categories are not filled in, this application will be considered incomplete. A First Nations Counsellor may be available to assist you. Seasonal Travel will be based on a bus fare. (Seasonal travel: i.e. to College in September, Christmas holidays travel back home, return back to College after the holidays, travel back home after the 2nd semester in April). If this category is blank we will not commit any funding for the individual. Budgets will be followed accordingly.

Please do not write anything in the part - For Departmental Use Only!