



OKANAGAN INDIAN BAND

12420 Westside Road, Vernon BC V1H 2A4 Phone: 250 542-4328 Fax: 250 542-4990
Email: okibeducation@okanagan.org

Incentive Award Application

Name _____

University/College _____

Date _____

Contact Number _____

Academic Information	
College/University Currently Attending:	
Program Enrolled in:	
<input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Bachelor <input type="radio"/> Masters/Doctorate <input type="radio"/> Full Time <input type="radio"/> Part Time	
Length of Program:	<input type="radio"/> 1 Year <input type="radio"/> 2 Years <input type="radio"/> 3 Years <input type="radio"/> 4 Years
Currently Enrolled In	<input type="radio"/> 1 st Year <input type="radio"/> 2 nd Year <input type="radio"/> 3 rd Year <input type="radio"/> 4 th Year
Program level:	
<input type="radio"/> Level 1 &2 (Certificate, Diploma, Bachelor) <input type="radio"/> Level 3 &4 (Masters & Doctorate)	
When do you expect to complete your program: (MM/YYYY)	
Required Documentation:	
<ul style="list-style-type: none"> • Official College or University transcript including a proof of enrollment. Student must be in good standing and not on academic probation and not have any outstanding fees. • Minimum 2.5 GPA in most recent semester • A PERSONAL LETTER detailing your goals for post-secondary studies, career plans and how you are going to use education to keep moving towards your future aspirations. 	
Declaration	
I hereby declare that the information on this application is, to the best of my knowledge correct and complete. I acknowledge that this information will be used for to determine my eligibility for incentives administered by OKIB.	
Signature:	Date:

Application deadline: **June 30 annually**