

# OKANAGAN INDIAN BAND

## POST-SECONDARY FUNDING APPLICATION

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**Application Deadline:** March 30<sup>th</sup> annually

### Student Checklist

Please submit the following documentation with your application

Completed application form	
Copy of Status Card	
Official Transcript	
Program information from your institution: Tuition and book cost, program prerequisites and duration	
Acceptance Letter from Post-Secondary institution	
Signed authorization and consent to release form	
Signed student contract	
Direct Deposit form or void cheque	
Letter of Intent	

**Please complete and return to**

**Okanagan Indian Band**

**Attention:** Lacey Gregoire-Gabriel

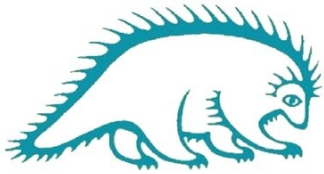
12420 Westside Road

Vernon, B.C., V1H 2A4

**Telephone:** 250-542-4328 **Fax:** 250-542-4990

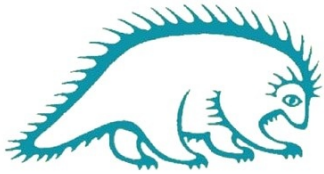
**Email:** [okibeducation@okanagan.org](mailto:okibeducation@okanagan.org)

Office Use Only
New Student <input type="checkbox"/> Grade 12 Graduate <input type="checkbox"/>



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<b>Have you previously been funded from Okanagan Band?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Year of sponsorship:</b>					
<b>Application Information</b>					
Last Name		First			
Status Number		Date of Birth			
Street Address		Apartment/Unit #			
City		Prov.		Postal Code	
Phone		Email Address:			
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>		
<b>Spouse's Information</b>					
Last Name		Given Names			
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Dependents</b>					
<i>Dependents are: any child or children <b>under the age of 18</b> that rely on the student for support and are living full-time with the student.</i>					
Last Name	Given Names	Date of Birth	Relationship		

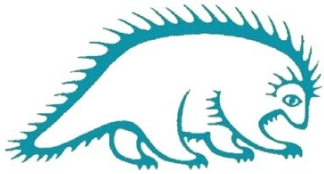


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Program Information			
Institution Name:		Student Number:	
Program Name:		Final Credential:	
Length of Program	1 Year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/>		
Start Date:		Expected Graduation Date:	
Occupational Field:			
Full Time	Yes <input type="checkbox"/>	Part-time	Yes <input type="checkbox"/> Current Year of Program 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>

Education and Training History					
Name of School	Location	Duration	Completed	Certification	Band Funded
High School					
College					
University					
Graduate School					
Other					

Study Plan (Complete Using Your School Calendar)				
	Fall Session	Winter Session	Spring Session	Summer Session
Duration				
Number of Courses				
Number of Credits				
Full Time/Part Time				
List Months for which living allowance requested:				
Total number of months of living allowance requested:				



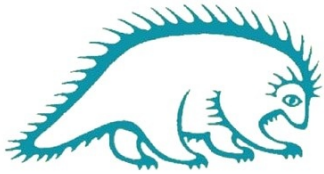
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Projected Completion Plan		
Upgrading (1 year)	Number of Courses:	
Year 1	Number of Courses:	Total Credits Year 1:
Year 2	Number of Courses:	Total Credits Year 2:
Year 3	Number of Courses:	Total Credits Year 3:
Year 4	Number of Courses:	Total Credits Year 4:
Year 5	Number of Courses:	Total Credits Year 5:
<b>TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:</b>		
I have consulted with an academic advisor/career councillor: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes please answer the following		
Name of Advisor:	Phone #	Email
Date of meeting		
I have made contact with the Aboriginal support worker at my institution: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes please answer the following		
Name of Advisor:	Phone #	Email
Date of meeting		

### Financial Information

The following budget information is to be completed by all applicants who be requesting Education Sponsorship.

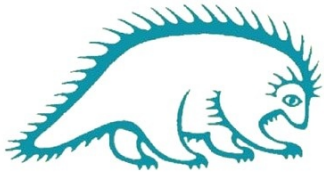
FINANCIAL BUDGET			
Monthly Income	Amount	Monthly Expenses	Amount
Employment Income		Rent/Mortgage/ Room & Board	
Employment Insurance Benefits (E.I.)		Gas /Electric /Water / Garbage	
Income Assistance		Groceries	
Spousal Income		Clothing / Personal Care	
Self Employment		Medical / Dental Insurance	
Child Tax Benefit		Telephone / Cell Phone	
Pension/Disability (CPP, widow's pension)		Cable and Internet	
Other Income: List		Transportation (bus pass/vehicle payment / fuel	
		Car Insurance	
		Child care (after subsidy)	
<b>TOTAL MONTHLY INCOME</b>		<b>TOTAL MONTHLY EXPENSES</b>	



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<b>EDUCATION EXPENSES</b>		
<i>Education Expenses</i>	<i>Costs</i>	<i>Amounts to be Funded by other Organizations (Ex. OTDC, Scholarships)</i>
Registration Fees		
Tuition		
Books		
Mandatory Supplies		
Tutoring		
Travel ( If living away from home)		
Other Expenses ( list below)		
<b>TOTAL EXPENSES</b>		
I have additional applications for funding. They are: (please list)		
SCHOLARSHIPS <input type="checkbox"/> :		
BURSARIES <input type="checkbox"/> :		
AWARDS <input type="checkbox"/> :		
PROVINCIAL/FEDERAL STUDENT LOANS <input type="checkbox"/> :		
I have spoken with the financial aid department at my institution about funding: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>OKIB FUNDING IS ONLY TO SUPPLEMENT THE COST OF POST-SECONDARY EDUCATION. WE ENCOURAGE STUDENTS TO APPLY FOR BURSARIES AND SCHOLARSHIPS.</b>		
<b>SCHOLARSHIP LINKS</b>		
<a href="http://ABORIGINALLEARNING.CA/">HTTP://ABORIGINALLEARNING.CA/</a> <a href="https://INDSPIRE.CA/">HTTPS://INDSPIRE.CA/</a> <a href="https://WWW.NEWRELATIONSHIPTRUST.CA/">HTTPS://WWW.NEWRELATIONSHIPTRUST.CA/</a> <a href="https://WWW.SCHOLARSHIPSCANADA.COM/">HTTPS://WWW.SCHOLARSHIPSCANADA.COM/</a>		











<b>Code of Conduct and Signature</b>	
I certify that my answers are true and complete to the best of my knowledge	
Signature	Date



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Okanagan Indian Band Post-Secondary Student Contract (to be signed every semester)

In the event that I receive educational assistance from the Okanagan Indian Band for Post-Secondary Educational purposes, I \_\_\_\_\_ do hereby agree to the following terms and conditions:

-  I understand that I am to attend classes on a regular basis, satisfy all course requirements to meet and maintain an acceptable grade for the Academic Institution being attended;
-  I understand that I must be enrolled in a minimum of four (4) courses per semester and that I must maintain a grade point average of 2.60;
-  I understand that this is my responsibility to inform to the Okanagan Indian Band Education Manager/Coordinator if problems arise making it difficult to fulfill the above requirements;
-  I understand that the Okanagan Indian Band Education Manager/Coordinator has the right to see progress and attendance reports set forth by the Academic Institution being attended;
-  I understand that it is my responsibility to submit my official transcripts to the Okanagan Indian Band Education Manager/Coordinator **within four (4) weeks of semester completion;**
-  I understand that in the event that I receive education funds under false pretences, I will be liable to repay the full amount or any designated portion of the total amount to the Okanagan Indian Band Education Department;
-  I understand that if I do not pass courses sponsored by the Okanagan Indian Band Education Department, that the same course name(s) will not be sponsored by the Okanagan Indian Band Education Department in the future semesters.
-  I understand that if I fail all courses in a semester that I would be expected to repay the cost of tuition, books, and or living allowance, or self-sponsor myself for one (1) semester before funding by the Okanagan Indian Band Education Department can be considered;
-  I understand that if I fail to attend classes in a semester and do not inform the Okanagan Indian Band Education Department, that I will be expected to repay the cost of tuition, books and the living allowances;
-  I have read and understood the Okanagan Indian Band Post-Secondary Policies as presented to me.

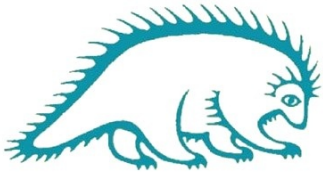
\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Education Coordinator Signature

\_\_\_\_\_  
 Print Name

Date: \_\_\_\_\_



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**Letter of Intent**

Please provide a brief outline of your intent of your objectives and goals in ensuring a successful academic program.