

OKANAGAN INDIAN BAND POST-SECONDARY FUNDING APPLICATION

Application Deadline: April 30th 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

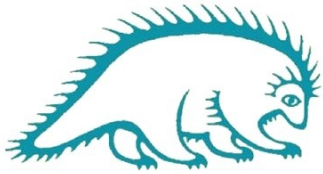
Attention: Lacey Gregoire

12420 Westside Road

Vernon, B.C., V1H 2A4

Telephone: 250-558-3706 **Fax:** 250-542-3083

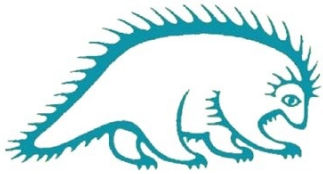
Email: lacey.gregoire@okanagan.org



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

Have you previously been funded from Okanagan Band? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Application Information					
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"/>		
Spouse's Information					
Last Name		Given Names			
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Dependents					
<i>Dependents are: any child or children under the age of 18 that rely on the student for support and are living full-time with the student</i>					
Last Name	Given Names	Date of Birth	Relationship		

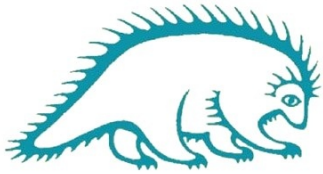


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Program Information			
Institution Name:		Student Number:	
Program Name:		Final Credential:	
Length of Program	1 Year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/>		
Start 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"/>

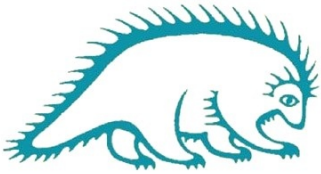
Education and Training History					
Name of School	Location	Duration	Completed	Certification	Band Funded
High School					
College					
University					
Graduate School					
Other					

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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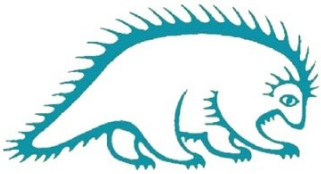
Projected Completion Plan			
Total number or credits required for completion:			
I have consulted with an academic advisor/career councillor: Yes <input type="checkbox"/> No <input type="checkbox"/>			
I have made contact with the Aboriginal support worker at my institution: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Year 1 of Program / Semester 1 – ___ , ___ , ___ to ___ , ___ , ___ M D YR M D YR			
	Course Number	Course Title	credits
e.g	Biol 111 – 3 (credits) – 6 (contact hours)	Biology for Science Majors 1	3
1			
2			
3			
4			
5			
Year 1 of Program / Semester 2 – ___ , ___ , ___ to ___ , ___ , ___ M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
3			
4			
5			
Year 1 of Program / Summer Session – ___ , ___ , ___ to ___ , ___ , ___ M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
Year 1 of Program / Summer Session – ___ , ___ , ___ to ___ , ___ , ___ M D YR M D YR			
	Course Number	Course Title	credits
3			
4			



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Year 2 of Program / Semester 1 – ____, ____, ____ to ____, ____, ____ M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
3			
4			
5			
Year 2 of Program / Semester 2 – ____, ____, ____ to ____, ____, ____ M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
3			
4			
5			
Year 2 of Program / Summer Session – ____, ____, ____ to ____, ____, ____ M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
Year 2 of Program / Summer Session – ____, ____, ____ to ____, ____, ____ M D YR M D YR			
	Course Number	Course Title	credits
3			
4			

Year 3 of Program / Semester 1 – ____, ____, ____ to ____, ____, ____ M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
3			
4			
5			
Year 3 of Program / Semester 2 – ____, ____, ____ to ____, ____, ____ M D YR M D YR			
	Course Number	Course Title	credits
1			



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2		
3		
4		
5		

Year 3 of Program / Summer Session – ____, ____, ____ **to** ____, ____, ____
 M D YR M D YR

	Course Number	Course Title	credits
1			
2			

Year 3 of Program / Summer Session– ____, ____, ____ **to** ____, ____, ____
 M D YR M D YR

	Course Number	Course Title	credits
3			
4			

Year 4 of Program / Semester 1 – ____, ____, ____ **to** ____, ____, ____
 M D YR M D YR

	Course Number	Course Title	credits
1			
2			
3			
4			
5			

Year 4 of Program / Semester 2 – ____, ____, ____ **to** ____, ____, ____
 M D YR M D YR

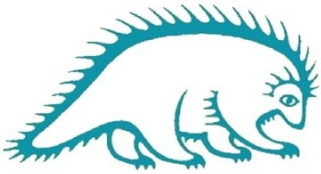
	Course Number	Course Title	credits
1			
2			
3			
4			
5			

Year 4 of Program / Summer Session – ____, ____, ____ **to** ____, ____, ____
 M D YR M D YR

	Course Number	Course Title	credits
1			
2			

Year 4 of Program / Summer Session – ____, ____, ____ **to** ____, ____, ____
 M D YR M D YR

	Course Number	Course Title	credits
3			
4			



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Financial Plan		
Financial Projection		
Estimated Costs	Current Academic Year	Next Year
Tuition		
Books/Mandatory Supplies		
Living Expenses		
Transportation		
Travel		
Total		
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"/>		
Declaration of Residency		
I _____ certify that I have been resident in Canada for twelve consecutive months prior to this date.		
Signature:	Date:	

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



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Okanagan Indian Band Consent to Release Personal Information

I, _____ give permission to my sponsoring agency, the Okanagan Indian Band (OKIB) Education Coordinator to have access to my Progress Reports, Attendance, and transcripts from the Institution which I am attending.

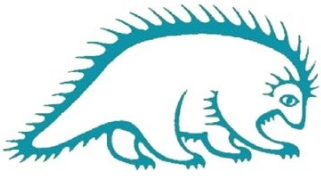
Name of Institute:	
Course/Program:	Student Number

Student Signature: _____ Date: _____

Oath of Confidentiality: (Post-Secondary Coordinator to sign every semester)

I, _____ as the Education Coordinator of the Okanagan Indian Band, do hereby swear that all information received about the above named student will be kept in the strictest of confidence. I fully understand the implications of releasing information about the above named student to any source other than those discussed with the student.











Education Coordinator 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 don't 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.

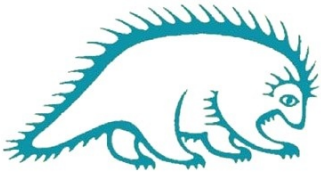
Student Signature

Print Name

Education Coordinator Signature

Print Name

Dated: _____



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Okanagan Indian Band Post-Secondary Direct Deposit Information

Student name: _____ Date: _____

Mailing Address: _____

Phone# _____ Other Phone # _____

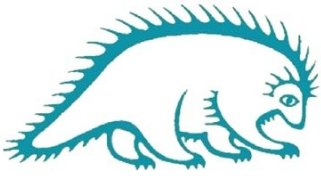
To be completed by Bank Institution only or provide a Voided Cheque

Bank Name: _____

Bank Address: _____

Bank Number: _____ Transit Number: _____

Bank Account Number: _____



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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.