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Education Application

This application is used to determine eligibility. Incomplete applications will cause delays. Students must notify Beecher Bay First Nation of any changes of name, address, telephone number, marital status. All Education Applications are subject to funding availability.

Personal Information

First Name	Middle Name	Last Name
Street Address	City/Province	Postal Code
Telephone Number	Cell Number	Email Address
Are you a Beecher Bay First Nation member?	Yes	No
Status Number:		
Date of Birth:		

Are you a: Single Student Student w/ dependent(s)

List of Dependents 18yrs under		DOB	Age	Relationship to you	Status #
First Name	Last Name	MM / DD / YY			

Proof of dependents may be required: please provide copies of status cards/ other ID

Program Information

Course/Program Applying to:

Name of College/University Institution

College Prep Certificate Diploma Degree Grad Student Other:

Length of Program:

Are you planning on attending: **Full-Time** **Part-Time**
(12 or more credits per semester)

Student Number:

Start Date: M D Y End Date: M D Y

Institution Information

Name of Institution:

Contact Person:

Street Address

City/Prov

Postal Code

Telephone

Fax

Email

Have you received Post Secondary funding before? Yes No

Please provide your previous Education and Training (attach copies of certificates)

Name of Institution

Location

Year

Grade/Certificate/Diploma/Degree

Please be advised that Summer/Spring courses have to be pre-approved in order to receive funding for each semester.

The information collected on this form, including supporting documents and materials will be used to support the Education Application approval process, and for making decisions regarding sponsorship eligibility. The information is stored and maintained in the students file and is collected as required by Beecher Bay First Nation.

1. I accept responsibility for satisfying the academic or training requirements of the institution I am planning to attend.
2. By agreeing to sponsorship, I consent to release of all information regarding academic progress, attendance, and transcripts for the duration of my enrollment. **I agree to submit transcripts or statements of grades and certificates upon completion of the program.**
3. I certify that all statements on this application are true and complete. I understand the misrepresentation of this information in any way, my application may be rejected, or I may be waitlisted for funding.
4. **Please check that you have attached the following:**
 - Transcript or statement of grades
 - Course outline, including tuition costs, and start and end dates
 - Acceptance letter, have you attached your acceptance letter into program/coop?
 - ABE, have you attached you're a Course Planning or Permission to Register Form?
 - Copy of Status Card
 - Copy of a VOID cheque (if you would like it deposited -for students not able to pick up)
 - Other – any other supporting documentation that will help your application.

I, _____, hereby declare that I understand that it is my responsibility to maintain a Full-Time status with a minimal C+ grade while being funded as a Full-Time student. I will notify Beecher Bay First Nation Post Secondary Education Advisor, if there are any changes relating to my Post-Secondary funding (i.e.: program change, course dropped, phone number, address change). I accept responsibility to managing the Education Assistant Funds to the best of my ability. Failure to adhere to these requirements may result in the impact of funding the following years. ALL information provided is ACCURATE.

Student E-Signature

Date:

ACADEMIC RECORDS RELEASE FORM

Post Secondary funding is conditional upon the student signing a release form which permits Beecher Bay First Nation Post-Secondary Coordinator to obtain the sponsored students registration documents, tuition/books and supplies invoices and academic transcripts and any necessary attendance reports as required by BBFN-PSA.

Initial: _

DECLARATION INFORMATION RELEASE FORM

My signature authorizes Beecher Bay First Nation Post-Secondary Coordinator to request and obtain my Registration documents, Tuition/Books supplies Invoices and Academic Transcript and if needed my attendance reports (upon discussion).

Initial: _

Student Name:

Student E-Signature:

Date Signed:

Office Use Only

Student Category: Full-Time Part-Time

Total Amount Approved for Tuition: _____

Total Amount Approved for Book/Supplies: _____

Funding for Academic Semester 1: _____ Total Amount: _____

Funding for Academic Semester 2: _____ Total Amount: _____

Funding for Academic Semester 3: _____ Total Amount: _____

Funding for Academic Semester 4: _____ Total Amount: _____

Books are included in total amount

Living Allowance Amount per month: _____

Total Amount for Extraordinary Costs: _____
(information needs to be provided prior to approval)

Total Combined Cost to fund student: _____

Start Date of Funding: _____

End Date of Funding: _____

Notes: _____

First Nation