

Applicants Name: _____ Date of Receipt: _____



BELLA BELLA COMMUNITY SCHOOL SOCIETY

Student Checklist for Post-Secondary Education Assistance Application Form.

Deadline for **Fall/Winter** Session (September – April) Application is **June 30th**
We will accept applications beginning April 1st

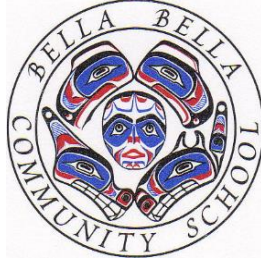
Please include with your application the following:

1. ___ Updated application form (in full)
2. ___ A handwritten or typed summary of your educational goals or future career plans (1 page max)
3. ___ Copy of your registration of courses from the college/university or training institute
4. ___ Copy of your last report card or transcript (from most recent semester)
5. ___ Two letters of reference from teachers, principals, employers, etc. (First time applicants)
6. ___ Copy of your acceptance letter from the college/university or training institute (First year)

If any further information is required we will contact you by email or phone. Please ensure you allow/add the sender psfunding@bellabella.ca to your email contact list to ensure you receive our emails.

The applicant is responsible for any deposits or fees requested by the School prior to confirmation of sponsorship. Please retain your receipts and pending approval of sponsorship you will be reimbursed according to the Policy guidelines of the Post-Secondary Education Assistance Handbook of the Bella Bella Community School Society.

Please keep a copy of this checklist as record of your submission and outstanding items



BELLA BELLA COMMUNITY SCHOOL SOCIETY

Post-Secondary Education Assistance Application Form
[For first time applicants and continuing students]

Name: _____ Mailing Address: _____

Telephone: Home # _____

Cell # _____ Email: _____

Birth date: _____ SIN: _____

Heiltsuk Band # _____ Marital Status: Married/Common-Law
Single Single Parent

of dependents residing with applicant: _____

Spouse: _____ Spouse's Employment Status: _____

[Note: If unemployed, is your spouse regularly receiving ~ EI, WCB, DISABILITY, PENSION, or any other kind of financial assistance?] _____

List by name and date of birth, the dependents residing with applicant. Do not include spouse, children 19 years or older, foster children, or children NOT residing with you.

Name:	Date of Birth:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Have you received assistance from the Bella Bella School Board before? Yes No

If yes: When? _____ Previous # of student months funded: _____

If different, under what name? _____

College Preparation or Regular Full-time or Part-time

Program Name: _____

Program completed? Yes or No If no, please explain:

Degrees/Diploma given upon completion: _____

If you are accepted for sponsorship, and upon completion of your program, are you willing to:

- a. Seek employment in Bella Bella Yes No
- b. Act as a mentor to other Post-secondary students Yes No
- c. Attend a career fair or similar event at BBCSS Yes No
- d. Provide other services to Bella Bella Yes No

If yes, Describe your intentions:

Secondary School History:

What is the highest level of Education you have attained to date? _____

High School Diploma? Yes No G.E.D.? Yes Yr. Completed _____ No

If no, last grade completed? _____

Application to attend Fall/Winter Session at:

School: _____ Address: _____

Telephone #: _____

Fax #: _____ Student #: _____

Session/Term Start Date: _____ Session/Term End date: _____

Name of your program of studies: _____

What Level of Program of Study? LEVEL I LEVEL II LEVEL III LEVEL IV

Length of your complete Program of Study (in student months): _____

Please indicate what category your program falls under:

- College Preparation
- University/College

Please list the names and credits of the courses you plan to register in:

Name	Credits	Name	Credits
1. _____		6. _____	
2. _____		7. _____	
3. _____		8. _____	
4. _____		9. _____	
5. _____		10. _____	

Note: FOR FULL TIME SPONSORSHIP ELIGIBILITY YOU MUST BE ENROLLED IN 3 OR MORE 3 CREDIT COURSES PER TERM or AS REQUIRED FOR FULLTIME AT YOUR INSTITUTION.

Please check the areas of your request you would like to receive assistance for if applicable according to the Policy Guidelines for Post-Secondary Education:

Maintenance Tuition Books/Supplies Seasonal Travel

Signature of Applicant: _____ Date: _____

****Pg. 1 is the student checklist to complete your application for Educational Assistance (Must be completed by June 30th of every year).***

STUDENT RESPONSIBILITIES:

1. Please attach a copy of your Registration Form and your acceptance letter from the college/University you will be attending. Date available: _____
2. The applicant is responsible for any deposits or other fees requested by the school prior to confirmation of sponsorship. Please retain your receipts and pending approval of sponsorship you will be reimbursed.
3. For continued sponsorship please ensure that you have enclosed a copy of your transcript of marks to date. If you are not enclosing a transcript please state when the copy will be available and sent to the School Board Office. _____
4. To keep your file with us CURRENT and UP-TO-DATE, please send copies of any correspondence you receive from your school.
5. **Be sure to opt out of Medical and Dental fees as they are not covered by funding.**

For Office Use Only: Name _____

Approved **Approved Academic Probation**

Pending: Registration Transcript Other _____

Declined: Incomplete Application Unacceptable Grades Program Study Level

Insufficient Funds Late Application Other _____

Pending cleared = Accepted **Student Appeal = Accepted** **Declined**

Letter Sent: Student **School**

Signature: _____ File Completion Date: _____

Post-Secondary Specialist



Bella Bella Community School Society

Authorization for Post-Secondary Direct Deposit

Name: _____

Home Address: _____ Mailing Address: _____
_____ (if different) _____

Email Address: _____

Bank Name _____

Transit # (5 digits) _____

Institution# (3 digits) _____

Account # (typically 7) _____

I give Bella Bella Community School Society the authorization to make deposits to my account until such time as I give notice to revoke authorization.

Signed: _____

Dated: _____



BELLA BELLA COMMUNITY SCHOOL SOCIETY

Date: _____

Information Release Form

I give permission to:

Name of Educational/Training Institution

To release a copy of my Progress Reports, Attendance Records and Transcripts for all courses I am currently or have previously been registered in to Bella Bella Community School Society.

Student Signature: _____ ID #: _____