



LYTTON FIRST NATION

PO Box 20
 Lytton, BC V0K 1Z0
 Phone: 1 888 755-2304 or 1 (250) 455-2304
 Fax:(250) 455-2291. Email: r.james@lfn.band

Post-Secondary Student Assistance Application Form

***NOTE - Any missing information will delay your application. Students must reapply each year. May 31st is the deadline for students who are continuing and are required to complete applications each year. You will be notified through email provided of approval. Late applications will be put on a waiting list and processed only if there is funding available.**

VERY IMPORTANT INSTITUTE REQUIREMENTS

All Lytton First Nations Band members applying for Post-Secondary funding must ensure that the institute of choice meets the following criteria:

- i. A minimum of one academic year in length as defined by the Institution;
- ii. Require a high-school completion (grade 12) for enrollment
- iii. The Institute of choice must be a registered accredited program such as TRU, OUC, UBC, SFU, NVIT etc...

High Graduate
 New Student
 Continuing
 Masters/PHD

1. PERSONAL INFORMATION

First		Last		Initial	
Address		Town/City		PC	
Home#		Cell#		Wk.#	
Birthdate		S.I.N#		Status#	705
Email					

*** Please attach a copy of your STATUS CARD.**

2. FAMILY STATUS

Single Person
 Single Parent
 Married / Common law
 Dependent Spouse: _____ Birthdate _____ S.I.N. _____

List of Dependents 18 and under residing with you as you attend: *** Note: For dependents; please attach their identification. You may be required to provide verification of dependency (Child tax)**

NAME	BIRTHDATE	AGE	STATUS #

3. BANKING INFORMATION

Bank Acct#: _____ Transit#: _____ Name of Bank: _____

4. EDUCATION HISTORY: Must be completed in full

Name of Institute	Location	Program	Certificate, Diploma, or Degrees Received	Sponsored by

5. PROGRAM INFORMATION

Program Title _____ Year 1 2 3 4 FULL TIME / PART TIME

First Semester / Start Date: _____ Second Semester / End Date: _____

Name of Institution Accepted: _____

Institute Mailing Information: _____

Registrar Phone: _____ Fax: _____ Email: _____

Bookstore Phone Number _____ Fax _____

** Students must be registered in at least 12 credits per semester. Less than 12 credits will be considered part time.*

Program: U-C PREP Certificate Diploma Degree Trade Masters Doctorate

Course Selection: **(1st Semester)** MUST BE COMPLETED & ACCURATE

COURSE	CREDITS	TUITION COSTS	COST OF BOOKS

TOTAL TUITION \$ _____
TOTAL COST OF BOOKS \$ _____

Course Selection: **(2nd Semester)** MUST BE COMPLETED & ACCURATE

COURSE	CREDITS	TUITION COSTS	COST OF BOOKS

TOTAL TUITION \$ _____
TOTAL COST OF BOOKS \$ _____

University Degree Major: _____

****NOTE: General Studies Degree is not an acceptable degree program. You must be registered into a valid degree program. {A major} This must be visible on your Registration or Admissions paper. Once you have chosen a program you cannot change without valid reason, do not commit to a program unless you are sure of your personal goals***

Will you be residing in student housing? Yes No Cost: \$ _____

Will you be on the meal plan? Yes No Cost: \$ _____

Student Housing Phone number: _____ Fax: _____

Has any Institute or Lytton First Nation placed you on academic probation? Yes No

If YES please explain:

Please List all sources of funding you have applied to or will be receiving other than the Lytton First Nation (e.g. Student loan, E.I., Bursaries, Grants): _____

Amount: _____

Master and PhD Students

**** Please submit a copy of your Thesis and an outline of your progress.***

6. Post-Secondary Terms of Agreement, PLEASE READ.

The Lytton First Nation is pleased to assist you with your pursuit of Education. The Terms of Sponsorship must be understood and agreed to by the student before funding can be approved.

Terms:

I, _____ do hereby agree to the following terms and met the conditions prior to applying for Financial Assistance for Post-Secondary Education from Lytton First Nations:

1. Fully complete the application for sponsorship including the provision of all supporting documentation and information release forms according to this application.
2. Agree to notify the Lytton First Nations of any changes of personal or program information e.g. Health, Dependents, Bereavement, or withdrawal.
3. Agree to attend all classes on a regular basis, since continued absences could result in suspended sponsorship.
4. Fulltime Students agree to maintain a fulltime status. If any courses are dropped the Student must inform the Lytton First Nation immediately.
5. Agree to complete all sponsored courses and to maintain an above average GPA and provide transcripts at the end of each term.
6. Graduating Students must submit a color copy of their Certificate, Diploma, Degree or other document of recognition to the Lytton First Nation. Or Official transcripts or grades.
7. Attach a Program outline of courses needed to complete chosen program.

Applicant

Date

7. Student Declaration.

I hereby apply for educational sponsorship under the Post-Secondary Student Assistance Program for the period indicated. I declare that the information contained in this application for sponsorship is accurate to the best of my knowledge. I understand that the falsification and misinterpretation of information or failure to abide by the terms of sponsorship may result in discontinuation of sponsorship and or refusal for future financial assistance.

I also understand that should I receive financial assistance under false pretense, or fail to succeed in the period of this application, I will be liable for the repayment of such funds. I agree to provide proof of registration at the beginning of each term and to report any changes in program status immediately.

Application

Date

8. Checklist.

** Please make sure that this checklist is complete. Your application WILL NOT be considered if the following items are not completed.*

Please check:

- Completed Application form.
- Signed and dated Terms of Sponsorship/Student declaration.
- Proof of enrollment. Letter of Acceptance/Registration confirmation
- Course list of all the courses required for your program
- Most current OFFICIAL transcripts from last institute attended
- Signed Student Information release form
- Banking Deposit information (Full time students only)
- Letter of intent (Masters/PHD students only)
- Student learning plan complete
- Status Card

Thank you for applying to the Lytton First Nation Education Department for Sponsorship. We make every effort to assist all our students, however funding is extremely limited. The Approval process is as follows:

1. Continuing Students - Students assisted in previous academic year. Successful students who will be continuing, will be given automatic approval. But must be within their educational plan.
2. New Students – Students recently graduating from grade 12.
3. Other – Part Time, Unsuccessful, Nonmedical leave, Non-graduate, Incomplete applications, and Discontinued

** Students are also selected on the quality of their application, deadlines, and success in their past academic year, as outlined in our policy.*



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Post-Secondary Student waiver form:

Please print clearly.

Student Name: _____

Institution Name: _____

Student Number: _____

I hereby authorize the Lytton First Nation Education Coordinator, Roger James, to obtain student information regarding my academic status from the above named institution. For the following:

- Transcripts
- Attendance
- Registration Data Form for semesters enrolled
- Tuition Fees
- Required texts and costs

I understand that any and all such information will be held in the strictest confidence by Lytton First Nations.

Student signature

Date

Student Learning Plan

Student Name: _____ Status number _____

School/Collage/University Name _____

Program Title _____

Student Profile

SHORT TERM GOAL

What do I wish to accomplish this year? _____

Long Term Education Goal (Education Path to complete) _____

Duration to complete your Education Goal (example, 4 courses per semester x how many semesters to complete) _____

Where do you see yourself after you have finished? _____

Expected Grad Date: _____

Student Signature: _____

Date: _____

New Students:

Academic Advisor Signature: _____

Date: _____