LYTTON FIRST NATION

PO Box 20 Lytton, BC V0K 1Z0
Phone: 1 888 755-2304 or 1 (250) 455-2304
Fax: NOT AVAILABLE. Email: r.james@lfn.band

Post-Secondary Student Assistance Application Form

Applications are to be completed each year. You will be notified through email provided of approval. Applications after the deadline will be waitlisted and processed only if there is funding available. Any missing information will delay your application. Students must reapply each year. May 30th is the deadline for applications.

INSTITUTE REQUIREMENTS

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

1. A minimum of 6 – 8 months or one academic year in length as defined by the Institution.
2. Require a high-school completion (grade 12) for enrollment or equivalent.
3. The Institute must be an accredited institute such as TRU, OUC, UBC, SFU, NVIT etc...

☐Continuing Student ☐High School Graduate ☐Other ☐Masters/PHD

1. PERSONAL INFORMATION

First		Last		Initial	
Address		Town/City		Postal Code	
Birthdate		S.I.N. #		Status #	705
Phone #		Cell #			
Email					

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:

NAME	BIRTHDATE	AGE	STATUS #

* Note: For dependents; please attach their identification. You may be required to provide verification of dependency (Child tax)

3. BANKING INFORMATION

Transit#: _____ Bank Acct#: _____ 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

Current application - Start date: _____   End date: _____

Name of Institution _____

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-PREP ☐Certificate ☐Diploma ☐Degree ☐Trade ☐Masters ☐Doctorate

Course Selection: **(1ˢᵗ Semester)** MUST BE COMPLETED, please see Institute website for estimate tuition costs per credit.

COURSE	CREDITS	TUITION COSTS	COST OF BOOKS

TOTAL TUITION $_____.
TOTAL COST OF BOOKS $_____.

Course Selection: **(2nd Semester)** MUST BE COMPLETED, please see Institute website for estimate tuition costs per credit.

COURSE	CREDITS	TUITION COSTS	COST OF BOOKS

TOTAL TUITION $_____.
TOTAL COST OF BOOKS $_____.

University Degree Major: _____.
*General Studies Degree is not an acceptable degree program, please register into a valid degree program. {A major} This must be visible on your Registration. Do not commit to a program unless you are sure of your personal goals. Master and PhD Students: Submit a copy of your thesis and an outline of your progress.

6. RESIDENCE HOUSING.

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: _____.

7. ACADEMIC PROBATION.

Has any Institute or Lytton First Nation placed you on academic probation? ☐Yes   ☐No
If YES, explain: _____.

8. ALTERNATE / PARTNERSHIP FUNDING.

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

Source Funding: _____.

Tuition: $_____. Books: $_____. Supplies/Equipment: $_____.

9. 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 immediately of any changes to personal or program information within 5 days 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.   Full-time Students agree to maintain a full-time 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 a GPA that allows continual enrollment without discipline (Probation, Expulsion…)
6.   Provide a transcript at the end of each term.
7.   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.
8.   Attach a Program outline of courses needed to complete chosen program.

_____.   _____
Applicant   Date

10. 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 to be accurate. 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 and possibly subject to prosecution for fraud. I agree to provide proof of registration at the beginning of each term and to report any changes in program status immediately.

_____.   _____.

Application   **Date**

11. CHECKLIST

* **Please make sure that this checklist is complete. Your application will be waitlisted if not complete.**

Please check:
- ☐ Completed Application form.
- ☐ Signed and dated Terms of Sponsorship/Student declaration.
- ☐ Registration or enrolment forms
- ☐ Course list of all the courses required for your program.
- ☐ Most current OFFICIAL transcripts from last institute attended.
- ☐ An Institute signed Student Information Release form (Registration or Website)
- ☐ Banking Deposit information (Full time students only)
- ☐ Letter of intent (Masters/PHD students only)
- ☐ 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 continue, will be given automatic approval.

2. New Students – Students recently graduating from grade 12.

3. Other – Students who are renewing prior sponsorship, Part Time, Unsuccessful, Nonmedical leave, Non-graduate, Incomplete applications, and Discontinued

Fall and Winter/Spring Semesters are the regularly funded semesters. Any programs for late Spring or Summer semesters are funded only if required and available by the program. Master students must provide proof of enrolment each semester.

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

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 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 student file 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 all such information will be held in the strictest confidence by Lytton First Nation.

_____ .   _____.
Student signature   Date

12. <u>COURSE OUTLINE.</u>

Please list all the courses you have enrolled in since Year one and courses you are planning to enroll in, to succeed in this program. You can get this information from the institute website. If a course is not listed here you will not be sponsored for that course.

PROGRAM NAME: _____. YEAR IN PROGRAM: _____.

	Year One	C	Year Two	C	Year Three	C	Year Four	C	Year Five	C
Semester 1										
Example	Course 1	3								
Semester 2										
If attended											
Semester 3										
Semester 4										