

POST-SECONDARY APPLICATION PACKAGE



The Gitksan Government Commission (GGC) is responsible for the development of the operating policies and guidelines to guide the administration of the Post-Secondary Student Support Program (PSSSP) and University and College Entrance Preparation Program (UCEPP) for the members of Gitanyow, Gitanmaax, Sik-E-Dakh (Glen Vowell) and Anspayaxw (Kispiox).

The Gitanyow Independent School (in partnership with GGC) sponsors Registered Gitanyow Band Members to further their post-secondary education.

Student Eligibility:

- ➔ Must be a REGISTERED Gitanyow member.
- ➔ Must complete the application in full.
- ➔ Must have acceptance letter from an eligible program at eligible institution.

**DEADLINE FOR COMPLETED POST-SECONDARY APPLICATION PACKAGES IS:
MAY 31st @4:30pm, every year you wish to be sponsored**

There is NO GUARANTEE you will receive funding, your completed application will be reviewed and considered for funding. Only completed applications/files will be processed. Any applications that are incomplete or handed in past the deadline will be placed on the Wait List.

Priority for Post-Secondary Funding:

- 1) Continuing / Returning Post-Secondary Students
- 2) Current Year Graduating Grade 12 Students
- 3) New Applicants (Mature students who have never applied for or received Post-Secondary Funding Assistance)
- 4) Re-application (1- previous Students seeking further qualifications; or 2- previous Students who had funding cut for poor academic standing)

For details, see the Gitksan Government Commission Post-Secondary Education Assistance Program Policy.

SUBMIT COMPLETED APPLICATIONS TO:

Gitanyow Independent School

Attention: POST-SECONDARY

PO Box 369

Kitwanga BC V0J 2A0

Phone: (250) 849-5384

Fax: (250) 849-5870

Email: b.smith@gitanoywschool.ca

POST-SECONDARY APPLICATION PACKAGE



CHECKLIST

Only complete funding applications, submitted as ONE COMPLETE PACKAGE, will be processed. The following checklist itemizes the requirements for a complete application.

		Initial each below
1	Read the “GGC Post Secondary Education Program Policy” and understand the student responsibilities and sponsorship requirements.	
2	Post-Secondary Education Funding Application Form	
3	Letter of Intent Include: Career and Education goals; future employment; previous experience in the chosen field of study (if applicable); and steps taken to achieve university or college entrance.	
4	Budget – List of Program Tuition/Fees (printed from Website or from institution)	
5	Program Outline and Course Descriptions (NO HYPERLINKS ACCEPTED) Include: - Practicum Information (only if there is a required practicum) - List of texts/supplies costs (printed from Website or from institution)	
6	Official Letter of Acceptance from Post-Secondary Institute for 1st year.	
7	Proof of Registration (for Continuing Student)	
8	Post-Secondary Student Contract	
9	Living Arrangements Form	
10	Release Form for Student Records	
11	Post-Secondary Institute Release Form	
12	Copy of Status Card (front and back required); will not accept expired status cards	
13	Copy of Birth Certificate for each dependent child in your care	
14	Transcripts (Original documents only – photocopies not acceptable)	
15	Direct Deposit authorization form OR Void Cheque OR Bank authorization	
16	Submitted on or before the deadline: - May 31st for Fall and/or Winter Start - March 1st for Spring and/or Summer Start	

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APPLICATION:

Fill out all sections in full. If area does not apply, indicate N/A

Application Priority:	<input type="checkbox"/> Continuing	<input type="checkbox"/> Current Grad	<input type="checkbox"/> New applicant	<input type="checkbox"/> Re-application
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A Applicant Information

Last Name:	First Name:	Middle Name(s):
Status Card Number:	Date of Birth:	Social Insurance Number (SIN):

i) Emergency Contact and Phone #:

Name:	Phone #:	Relationship:
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ii) Applicant Contact Information

Home Mailing Address (PO Box; mail will be sent to this address):	Apartment/Unit#:	
Town/City:	Province:	Postal Code:
Years Lived at Address:		
Home Phone #:	Cell Phone #	Business / other phone #:

★ **Email Address:**

B Marital Status:

<input type="checkbox"/> Single <small>(jump to Section C)</small>	<input type="checkbox"/> Single with child(ren) <small>(Fill out Section ii and iii)</small>	<input type="checkbox"/> Married / Common-Law <small>(Fill out Section i)</small>	<input type="checkbox"/> Married/CL with child(ren) <small>(Fill out Section i, ii and iii)</small>
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i) Spouse's Information:

Last Name:	First Name:	Social Insurance Number (SIN):
Is spouse Employed?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Employer:
If no, is spouse receiving other financial Benefits (IA, EI, other)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Explain:
Spouse to reside with student while attending school?		
<input type="checkbox"/> NO <input type="checkbox"/> YES		

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APPLICATION: Page 2

Fill out all sections in full. If area does not apply, indicate N/A

ii) Dependent Information: List only minor dependent child(ren) you are responsible for and are living with you while you attend school. Add additional page for more dependents, if necessary.		
Last Name:	First Name:	Date of Birth (Month/Day/Year):
Last Name:	First Name:	Date of Birth (Month/Day/Year):
Last Name:	First Name:	Date of Birth (Month/Day/Year):

iii) Waiver for Claiming Dependents:			
I. _____, declare that the information I have given regarding my dependent(s) is <small>(Applicant Name)</small>			
current and accurate. All children listed in the Dependent Information are in my care. I understand that by providing incorrect information is fraud, and it will result in discontinuation of sponsorship, and may result in a repayment agreement.			
Applicant Signature		Date:	

C Education and Training History: (use additional paper, if needed)

Name of School	Dates Attended		Program of Study	Academic Achievement	Completed		Sponsored by Band?	
	Start	End			<small>(circle one)</small>		<small>(circle one)</small>	
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No

i) List circumstances for not completing ANY education / training program(s):

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APPLICATION: Page 3

Fill out all sections in full. If area does not apply, indicate N/A

D Program Information for this year Funding:

Institution Name & Address:		Institution Phone #:		Student Number:			
Program Department and Name:							
Academic Program Length (# years)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Other:
Program Level of Education:		<input type="checkbox"/> UCEP (upgrading)	<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Masters/Doctorate	
Program Start Date (first year):		Program Completion Date (last year):					
Your Current Year of this Program:		Full Time:		Part Time:		Is a Practicum required?	
		<input type="checkbox"/> YES		<input type="checkbox"/> YES		<input type="checkbox"/> YES <input type="checkbox"/> NO	

i) Study Plan (Complete using your school's calendar)

TERM	# Courses/term	# of Credits	Cost for Tuition	Cost for Books & Supplies	**Other (list below):
Fall (Sept - Dec)					
Winter (Jan- April)					
Spring (May - June)					
Summer (July - Aug)					
Total Costs:			\$ -	\$ -	0
**List other costs:					
List months for which living allowance requested:					
Total number of months of living allowances requested:					

ii) Projected Completion Plan

Year 1	Number of Courses:	Number of Credits:
Year 2	Number of Courses:	Number of Credits:
Year 3	Number of Courses:	Number of Credits:
Year 4	Number of Courses:	Number of Credits:
Year 5	Number of Courses:	Number of Credits:
TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:		

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APPLICATION: Page 4

Fill out all sections in full. If area does not apply, indicate N/A

iii) Additional Funding

I have additional application for funding. They are: (please list)		<input type="checkbox"/> No additional funding
<input type="checkbox"/> Scholarships:		
<input type="checkbox"/> Bursaries:		
<input type="checkbox"/> Awards:		
<input type="checkbox"/> Student Loans:		

iv) Student Connections

I have made contact with the Aboriginal Support Worker at my institution:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have consulted with an academic/career counsellor:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

E Declaration of Residency

I, _____ declare that I have been a resident in Canada for 12 months prior to the date of my application for Post-Secondary Funding.

(Applicant Name)

Applicant Signature:		Date:	
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F Third Party Permission Form

If you wish to have someone (other than YOU - example: parent, spouse, etc.) speak to Gitanyow Independent School regarding your Post-Secondary Application, please complete the following permission form.

I, _____ hereby give _____,

(Applicant Name) (Print person's Name)

permission to contact and speak to the Gitanyow Post-Secondary worker, regarding my package and application status for Post-Secondary sponsorship.

Applicant Signature		Date:	
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G Declaration of Application

I, _____, declare the information that I provided is current and accurate. If anything changes on my application during the course of my studies and sponsorship, I will notify the Gitanyow Post-Secondary Worker immediately. I recognize that if I provided inaccurate information on my application, I can be terminated from receiving post-secondary sponsorship.

(Applicant Name)

Applicant Signature		Date:	
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STUDENT CONTRACT

I, _____ have been approved for sponsorship by the Gitanyow Independent School
(Student Name)

to attend the _____ Program at _____
(Name of Program) (Name of Educational Institute)

I understand and agree that I will adhere to the following criteria as a condition of receiving funding through the Post-Secondary Education Assistance Program, that I will:

- ➔ I will maintain a C+ grade point average;
- ➔ I will attend all classes;
- ➔ I will maintain a courseload of a minimum of FOUR courses or 12 credit hours per semester;
- ➔ I will submit the following transcripts:
 - Fall Semester (Sept - Dec) by JANUARY 15th
 - Spring Semester (Jan - Apr) by MAY 15th
 - Summer Semester (May - Aug) by SEPTEMBER 15th
- ➔ I will maintain contact with the Band Education Coordinator throughout the academic year, particularly if I face academic or personal difficulties during the year;
- ➔ I will maintain contact with the educational institution's Aboriginal Support Worker or First Nation's Education Coordinator (if applicable) particularly if I face academic or personal difficulties during the year;
- ➔ I will use the funds I receive only for the purposes for which they are intended (tuition, books, equipment & supplies, transportation, and reasonable living expenses);
- ➔ I will truthfully disclose all financial and academic information to Gitanyow Independent School.

I understand that if I breach any of the above terms, the Gitanyow Independent School has the right to terminate my funding under the Post-Secondary Assistance Program.

Signature of Student

Date Signed

Signature of Education Coordinator

Date Signed

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LIVING ARRANGEMENTS FORM

Living arrangements while attending Post-Secondary School.

This form will help you arrange appropriate living conditions conducive to your goal of obtaining your Post-Secondary education. It will also help you to budget your living allowance wisely and will clarify the role the Education Coordinator will play in your housing arrangements.

Check your appropriate dwelling while at Post-Secondary. If you don't have the exact cost, an estimate will be sufficient until you have confirmed your living arrangements.

Dwelling Type:		Estimated Cost per month
***College or University Dormitory		
Apartment Building		
Room & Board at Parent's or Relative's Home		
OTHER - Specify: _____		

*** If you are living in a dormitory, provide proof of your acceptance and costs associated, as soon as possible, so the Education Coordinator can help you secure your place in the residence.

MAILING ADDRESS OF DWELLING WHILE ATTENDING POST-SECONDARY:

PO Box or Street Address:		Apartment/Unit#:
Town/City:	Province:	Postal Code:

Dwelling Contact Information: (Proprietor / Landlord / Dorm Representative)

Last Name:	First Name:	Phone number:
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STUDENT RELEASE FORM

I have read the Confidentiality section in the Post-Secondary Education Assistance Program Policy (#22, page 16).

I understand that the release of confidential information is sometimes necessary in order for students to receive funding in a timely manner or for the efficient and effective administration of the Post-Secondary Assistance Program.

I understand that this release only enables Gitanyow Independent School to conduct statistical analysis to improve program delivery, and that it does not give the Gitanyow Independent School the right to release confidential information to third parties for monetary consideration (The Band/Education Society will not sell student records to marketing agencies).

I further understand that if my personal and academic records are used for statistical purposes, that my name or any other information that would identify me as an individual will not be released.

I agree to release to Gitanyow Independent School academic transcripts, records of employment, income tax return assessment, or bank account information, when requested to do so, provided that the information is used strictly for administering the Post-Secondary Education Assistance Program.

I have read and understand the above.

Signature of Student

Date Signed

Signature of Education Coordinator

Date Signed

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STUDENT INFORMATION RELEASE FORM **FOR POST-SECONDARY INSTITUTION**

INSTITUTION CONTACT INFORMATION:		
Mailing Address:		Apartment/Unit#:
Town/City:	Province:	Postal Code:
Phone #:	Fax #:	Email:

Attention: OFFICE OF THE REGISTRAR

To Whom It May Concern:

I, _____ assisted by Gitanyow Independent School _____, authorize the
(Student Name)
above named Post-Secondary Education Institution to release all transcripts, attendance records and other documents indicative of my progress to Gitanyow Independent School .

STUDENT INFORMATION:		
Last Name:	First Name:	Student ID #:
Program of Study:		

Please forward the above-mentioned documentation as they become available to:

Gitanyow Independent School
ATTN: Post-Secondary Coordinator
PO Box 369
Kitwanga BC V0J 2A0

Signature of Student

Date Signed

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DIRECT DEPOSIT AUTHORIZATION

Include VOID cheque for your account OR Direct Deposit form from your financial institution.

Student Information (same as listed on your bank account)		
Last Name:	First Name:	Phone #:
Full Mailing Address:		
Email Address:		

Bank/Financial Institution Information:		
Name of Bank:		
Institution #:	Transit #:	Account #:

I, _____, authorize Gitanyow Independent School and the above
(Student Name)

Financial Institution to deposit payments automatically into my account in settlement of invoices outstanding. This authorization may be cancelled at any time upon written notice. Any changes in the account information will need to be communicated immediately to avoid potential delays in processing payments.

Signature of Student

Date Signed

Attach your VOID
Cheque or Direct
Deposit **Form from**
your Bank.

