**RE: APPLICATION FOR FUNDING**

Haisla Nation Council’s Education & Employment Department requires the following for applications for funding:

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| **Check** | **Documents Required:** | **Date Received:** |
| *Short-Term and Long-Term Studies:* | | |
|  | Completed application – incomplete applications will cause delay |  |
|  | Copy of your status card (you must be a registered Haisla member) |  |
|  | Letter of acceptance and/or registration statements |  |
|  | Signed Funding Agreement |  |
|  | Signed Consent for Release of Information |  |
| *Long-Term Studies Only:* | | |
|  | Transcripts and certificates from last institute attended |  |
|  | Completed Academic Plan |  |
|  | Completed Training Plan |  |

Please return the above information, along with your application to the address below.

**Marlayna Amos**

**Administrative Assistant, Education & Employment**

Phone: 250-632-6151 ext. 201

Email: [mamos@haisla.ca](mailto:mamos@haisla.ca)

Fax: 250-632-6973

606 Mountainview Sq, Kitimat BC V8C 2N2

All the best to you,

Kailee Gardiner

Education & Employment Manager

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| **PERSONAL INFORMATION** | | | | |
| Band Registry #: |  | | | |
| Name(s): |  | | | |
| Gender:  Female  Male | | Marital Status:  Single  Common-Law  Married | | Income Status:  Employed at \_\_\_\_\_\_\_\_\_\_\_  Unemployed  Other Income |
| Date of Birth: |  | | | |
| Permanent  Residence  Address: |  | | | |
| Address While at School (If Different than Permanent Address): |  | | | |
| Phone Number: | | | Email Address: | |
| # of Dependents:  \_\_\_\_\_\_\_\_\_\_\_ | \*Copies of birth certificates are required for those requesting a living allowance or childcare) | | | |
| Reporting Requirement: | Are you an immediate family member of Chief and Council?  No Yes, relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **PREVIOUS EDUCATION AND/OR TRAINING** | |
| Program: |  |
| School/Institute: |  |
| City & Province: |  |
| Last Date Attended: |  |
| Did you Graduate? |  |
| Funding Source: |  |

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| Program: |  |
| School/Institute: |  |
| City & Province: |  |
| Last Date Attended: |  |
| Did you Graduate? |  |
| Funding Source: |  |

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| **TRAINING INFORMATION** | |
| Application For: | * Short-Term Certificate Training (3 months or less) * Long-Term Certificate Training (3 months or longer) * Diploma Program * Undergraduate/Bachelor’s Program * Master’s Program * Doctorate, Law or Medical Degree Program * Adult Upgrading * Trades Training |
| Institute/  Accreditation: | * Public Institute * Private Accredited Institute * Private Non-Accredited Institute |

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| **INSTITUTION AND PROGRAM INFORMATION** | | |
| Institution: |  | |
| Program: |  | |
| For Current Academic Year Only: | Start Date: End Date: | |
| Student Status:   * Full-Time (9+ credits per semester) * Part-Time (Less than 9 credits per semester) | | Current Year of Study: |
| Assistance Required  (Check all that apply):  \*Please check the Education & Training Policy for eligibility requirements\* | * Tuition * Books * Supplies * Living Allowance * Daycare * Travel | |

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| **ACADEMIC PLAN – LONG-TERM TRAINING ONLY** | | |
| **SEMESTER:** | **YEAR:** | |
| **COURSE NAME** | **COURSE #** | **CREDITS** |
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| **SEMESTER:** | **YEAR:** | |
| **COURSE NAME** | **COURSE #** | **CREDITS** |
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| **TRAINING PLAN – LONG-TERM TRAINING ONLY** | | |
| **Education Goals:** | Credential: | * Certificate * Diploma/Associate Degree * Undergraduate Degree * Graduate Degree * Trades |
| Field of Study: |  |
| Institution: |  |
| Program: |  |
| **Career Goals:** | Field of Work: |  |
| Role/Job Title: |  |
| Employer: |  |
| Reason for choosing this career field:  Labour market research completed? Y N | | |
| For Office Use Only:  Reviewed & approved by HNC’s Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Funding Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the following terms & conditions upon being granted financial assistance:

* In the event that I should withdraw, not show up, or are terminated from the course/program enrolled in, I will be responsible and agree to pay all costs paid on my behalf to Haisla Nation Council. I understand this may affect my ability to apply for future funding.
* In the event that I should fail the course/program enrolled in, I will be responsible and agree to pay the tuition paid on my behalf to Haisla Nation Council.
* I shall contact the Education & Employment department immediately if I withdraw due to extenuating circumstances and will provide them with relevant documentation as well as to the institute.
* Upon completion, to provide final grades, transcripts and/or completion documents to the Education & Employment Department.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Education Administrator Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Signature Date

**Consent for Release of Information**

I, , do hereby give

(Student Name) (Name of Institution)

permission to send all relevant information to Haisla Nation Council regarding my program of studies, which includes (but is not limited to):

* Grade Point Average
* Course Marks
* Withdrawals
* Attendance
* Progress

Haisla Nation Council has my permission to contact the Institution regarding information about my studies.

I also give consent to Haisla Nation Council the authority to share information contained in my student file, internally and with Provincial and Federal agencies including additional funders, training institutes, potential employers and various community service organizations. Sharing of this information is to assist in reaching my short term and long term education, training and employment goals.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

***\*Note: If the institution requires their own consent forms to be completed, please fill out those forms as well.***