

ANSPAYAXW SCHOOL SOCIETY
1439 Mary Blackwater Drive
Kispiox, BC V0J 1Y4

Post-Secondary Education Assistance Application Package

Application deadline: **May 31st of any year**

Please fill out all sections of the application package.
Check off the following to make sure you have a complete package.
All items listed are necessary to complete your application.
We cannot sponsor incomplete applications.

- Application form with fields A – G completed
- Letter of Intent
- Acceptance Letter (new students) **OR** Proof of Registration (continuing students)
- Copy of Program Outline
- Course Descriptions
- Grade 12 Official Transcripts (new students)
- Most Recent Official Transcripts from Post-Secondary Institute
- Copy of birth certificates for any dependent children
- Copy of Status Card
- Direct Deposit Authorization

All information can be forwarded by mail, email, or fax to:

Robert Fritzsche – Education Coordinator
Phone: 250-842-6148 ext. 221
Fax: 250-842-5799
Email: rfritzsche@kispioxschool.ca

ANSPAYAXW SCHOOL SOCIETY
Post-Secondary Education Assistance Program Application

Part A: STUDENT INFORMATION				DATE:	
Last:		Given:		Middle:	
Band Registry #:			D.O.B (MM/DD/YY):		Sex:
Current Address:					
City:		Province:		Postal Code:	
Phone:		Other:		Email:	
S.I.N.:		Employed:		Employer:	
Plan to continue employment:				If yes, how many hours/week:	
Marital Status:					
Part B: SPOUSE/FAMILY INFORMATION					
Last:		Given:		Band Registry #:	
Employed:		If yes, employer:			
Is your spouse on any type of income? (E.I., WCB, Social Assistance):					
DEPENDENT: is a person who is financially dependent on the student, please list below:					
Last	Given	D.O.B. (MM/DD/YY)	Relationship		
1.					
2.					
3.					
4.					
Part C: PROGRAM INFORMATION					
Institution:				Phone:	
Institution Address:					
City:		Province:		Postal Code:	
Program Name:					
Total Program Length:			Current Year of Study: of		
Level of Study:					
New Student		OR		Continuing Student	
				Student #:	
Full-time	Part-time	Start Date (MM/DD/YY):		End Date (MM/DD/YY):	
Have you contacted the institutes First Nations Liaison:					

First Nations Liaison:	Phone:
Proof of Acceptance/Registration Enclosed:	
Program Outline Enclosed:	
Course Descriptions Enclosed:	
Most Recent Transcripts:	

Part D: STUDENT FINANCIAL PLAN

Semester	Attending	Tuition	Books	Materials, Supplies, Etc.	Travel \$ Assistance
Fall (Sept-Dec)					
Winter (Jan-Apr)					
Spring (May-Jun)					
Summer (Jul-Aug)					
TOTAL:					

Total # of Study Months:	Living Allowance Requested:
Total # of months requested for Living Allowance:	<i>*Please note: Living Allowance eligibility in guidelines, pg. 1, #8</i>

Additional Funds

List any other additional funding applications:

Scholarships:

Bursaries:

Awards:

Provincial/Federal Student Loans:

CODE OF CONDUCT SIGNATURE

Signature:	Date:
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Other information that may pertain to the Post-Secondary Education Assistance Program, please mention below:

Part E: POST-SECONDARY CONTRACT

I, _____ have been approved for sponsorship by the
(Student's Name)

Anspayaxw School Society to attend the _____ program at the
(Name of Program)

(Name of Educational Institution)

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:

- 1) I will maintain a C+ grade point average;
- 2) I will maintain a course load of a minimum of four courses or 12 credit hours per semester;
- 3) I will submit:
 - Fall semester (Sept-Dec) transcripts by January 15th
 - Winter semester (Jan-Apr) transcripts by May 15th
 - Spring (May-Jun) transcripts by July 15th
 - Summer (July-Aug) transcripts by September 15th
- 4) I will maintain contact with the Education Coordinator throughout the academic year, particularly if I face academic or personal difficulty;
- 5) I will maintain contact with the educational institution's First Nation Liaison (if applicable), particularly if I face any academic or personal difficulties during the year;
- 6) I have received the Post-Secondary Assistance Program Guidelines.

I understand that if I do not abide by the above terms, the Anspayaxw School Society has the right to terminate my funding under the Post-Secondary Education Assistance Program.

Student Signature: _____ Date: _____

Part F: STUDENT RELEASE FORM

Schedule 5: Release Form

I understand that the release of confidential information is sometimes necessary in order for the 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 enables the Anspayaxw School Society to conduct statistical analysis to improve program delivery, and that it does not give the Anspayaxw School Society the right to release confidential information to third parties for monetary consideration (i.e. The 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 Anspayaxw School Society, any requested information concerning my education with regards to performance, academic transcripts, records of employment, income tax forms, or bank account information, all of which will be used strictly for the purposes of administering the Post-Secondary Education Assistance Program.

I have read and understand the above.

Student Signature: _____ Date: _____

Part G: STUDENT WAIVER

Program: _____

Institute: _____

Institute Address: _____

City: _____ Province: _____ Postal Code: _____

Attention: Office of the Registrar

To Whom It May Concern:

As a student assisted by the Anspayaxw School Society, I hereby authorize the above named Post-Secondary Education Institute to release all transcripts and other documents indicative of my progress, if available, to the Anspayaxw School Society.

Student Name: _____

Student #: _____

Program: _____

School Year: _____

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

Anspayaxw School Society
1439 Mary Blackwater Drive
Kispiox, BC V0J 1Y4

Attention: Robert Fritzsche
Education Coordinator

Student Signature: _____ Date: _____