

Binche Whut'en
Education Department
Post Secondary Application Package
Mailing Address: PO Box 2039, Fort St. James, BC V0J1P0
Physical Address: 204 Mandine Drive, Binche
P (250) 648-3232 F (250) 648-3636

New Student

Continuing Student

Required Applicant Information

1. Personal Data

Last Name

First Name

Middle Initial

Date of Birth (MMDDYY)

Status Number

Mailing Address

City

Province

Postal Code

Email Address

Phone Number

Cell Number

I confirm that I have resided in Canada for the past 12 months

Yes No

Marital Status

Married

Single

Common Law

If you're married or common law, is your spouse Employed Unemployed

If your spouse is employed, do he/she work Full-Time Part-time

If you have dependants in your care, please complete the following information. A dependent is a child under the age of 18 living in your household full-time)

Name

DOB

Name

DOB

Name

DOB

Name

DOB

Name

DOB

2. Previous Education and Training

Institute Name _____

Program _____

Completed program? Yes No

Dates attended _____

Institute Name _____

Program _____

Completed program? Yes No

Dates attended _____

Institute Name _____

Program _____

Completed program? Yes No

Dates attended _____

Institute Name _____

Program _____

Completed program? Yes No

Dates attended _____

3. Education Plan and Goals

Name of Institute _____

Program of Study _____

Campus location _____

Full time (12 credits or more) Part time (less than 12 credits)

Length of Program/Course as specified by the institution: _____

Level/Year of program YOU are in at present: _____

Months/Years of sponsorship requesting: _____

Start date of program: _____

Expected graduation date: _____

Program Type:

Upgrading

Certificate

Diploma

Bachelor's

Master's

Doctorate

Please list your academic plan

Semester	Course 1	Course 2	Course 3	Course 4
1				
2				
3				
4				
5				
6				
7				
8				

Funding Request

Expenses	Semester _____	Semester _____	Semester _____
*Living out allowance			
Books and Tuition (approximate)			
Tuition			
Other			
TOTAL			

*Living out allowance is applicable for students who are taking a full course load (ie 12 credits or more)

4. Please provide a brief outline of your intent of your education goals in ensuring a successful academic program. Have you changed your academic goal or institute location? If yes, please indicate the new name and attach your new academic plan and course load.



5. With your initial application, in order to be considered for post secondary funding, all students MUST provide the Education Department with copies of the following:

- | | | |
|---|-----|----|
| a) All Transcripts prior to the date of application | YES | NO |
| b) Letter of acceptance from institute | YES | NO |
| c) Program information | YES | NO |
| d) Confirmation of course schedule | YES | NO |
| e) Signed Student Release Form | YES | NO |
| f) Signed Student Contract | YES | NO |
| g) Copy of status card | YES | NO |

I, _____ hereby swear that the information provided by myself in this package is true, and in the event of false information presented by myself, that I will be liable to repay the full amount or designated portion of the total amount to the Binche Whut'en Education Department.

Student Signature

Date

Office Use Only:

Date application received

New student

Previously sponsored

Year(s) _____

Continuing student

Application

Approved

Denied

Deferred

Reason: _____

Education Coordinator

Date

Consent to release information (Mandatory to be signed each year of sponsorship)

Student Name

Date

Address

Student Number

Phone Number

I, _____ hereby authorize (institution)

_____ to give the Binche Whut'en Education Manager

information regarding my attendance, effort, progress and transcripts.

Student Signature

Date

Binche Whut'en Post Secondary Student Contract

In the event that I received educational assistance from the Binche Whut'en for Post Secondary Educational purposes, I _____ do hereby agree to the following terms and conditions:

- a) I understand that I am to attend classes on a regular basis, satisfy all course requirements to meet and maintain an acceptable grade for the Academic Institution being attend;
- b) I understand that my approval for education assistance is subject to the availability of funding.
- c) I understand that I must be enrolled in a minimum of four (4) courses per semester and that I must maintain a grade point average of 2.0;
- d) I understand that this is my responsibility to inform to the Binche Whut'en Supervisor/Coordinator if problems arise making it difficult to fulfill the above requirements;
- e) I understand that the Binche Whut'en Supervisor/Coordinator has the right to see progress and attendance reports set forth by the Academic Institution being attended;
- f) I understand that it is my responsibility to submit my official transcripts to the Binche Whut'en Education Supervisor/Coordinator within four (4) weeks of semester completion or risk my funding to be halted up to one (1) semester;
- g) I understand that in the event that I receive education funds under false pretences, I will be liable to repay the full amount or any designated portion of the total amount to the Binche Whut'en Education Department (all cases to be reviewed on an individual basis);
- h) I understand that if I do not pass courses sponsored by the Binche Whut'en Education Department, that the same course name(s) will not be sponsored by the Binche Whut'en Education Department in the future semesters;
- i) I understand that if I fail all courses in a semester that I would be expected to repay the cost of tuition, books and or living out allowance, or self sponsor myself for one (1) semester before funding by the Binche Whut'en Education Department can be considered;
- j) I understand that if I fail to attend classes in a semester and do not inform the Binche Whut'en Education Department, that I will be expected to repay the cost of tuition, books and living out allowances;

Student Signature: _____ Date: _____

Print Name: _____

Education Coordinator: _____ Date: _____

Print Name: _____