



## Saik'uz First Nation

135 Joseph Street  
Vanderhoof BC V0J 3A1  
Phone: 250 567 9293 Fax 250 567 2998  
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### Post-Secondary Education Application 2022/2023

|  |  |  |   |
|--|--|--|---|
| New Student <input type="checkbox"/> Returning Student <input type="checkbox"/>  |  | Student Number:  |   |
| <b>Please check all of the following that applies to you:</b>  |  |  |   |
| High school graduate (within the last two 2 years)   | <input type="checkbox"/>   | Previously sponsored by Saik'uz FN   | <input type="checkbox"/>  |
| High school graduate with dogwood (last 2 years)   | <input type="checkbox"/>   | Master or PHD applicant  | <input type="checkbox"/>  |
| Mature student (21 years or older)   | <input type="checkbox"/>   | Other (explain):   |   |
| Post-Secondary Institution:  |  | Program of Study:  |   |
| Semester(s): Fall 2022 <input type="checkbox"/> Winter 2023 <input type="checkbox"/> Summer 2023* <input type="checkbox"/> |  | Start date:  |   |
| Qualification Sought:  | 1 year Certificate <input type="checkbox"/>  | 2 year Diploma <input type="checkbox"/>  | Degree <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> |
| Length of Program (Years):   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>  | Currently in Year: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |   |
| <b>Application Deadlines:</b>  | <b>June 1<sup>st</sup></b> for September Enrollment <b>October 30<sup>th</sup></b> for January Enrollment<br>*Must obtain permission prior to enrollment in intersession or summer sessions. |  |   |

### Applicant Information

|                    |                       |              |             |                       |                 |                    |             |
|--------------------|-----------------------|--------------|-------------|-----------------------|-----------------|--------------------|-------------|
| Full Name:         |                       |              |             | Date of Birth:        |                 |                    |             |
|                    | <i>Last</i>           | <i>First</i> | <i>M.I.</i> |                       | <i>Day</i>      | <i>Month</i>       | <i>year</i> |
| Address:           |                       |              |             |                       |                 |                    |             |
|                    | <i>Street Address</i> |              |             | <i>Town</i>           | <i>Province</i> | <i>Postal Code</i> |             |
| Phone Number:      |                       |              |             | E-mail Address:       |                 |                    |             |
| Band Status #:     | 615                   |              |             | Social Insurance #:   |                 |                    |             |
| Emergency Contact: |                       |              |             | Emergency Contact No. |                 |                    |             |

### Banking Information

|               |           |  |            |
|---------------|-----------|--|------------|
| Bank Name:    |           | Bank Address:  |            |
| Institution # | Transit # | <input type="checkbox"/> Chequing <input type="checkbox"/> Savings | Account #: |

### Dependent Information

| Name | Band # | Birthdate | Relationship to You | Resides With You             |                             |
|------|--------|-----------|---------------------|------------------------------|-----------------------------|
|      |        |           |                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|      |        |           |                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|      |        |           |                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|      |        |           |                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Disclaimer and Applicant Signature

I certify that the information I have provided to Saik'uz First Nation Education is true and complete to the best of my knowledge.

I understand that as a prospective sponsored student:

- 1) I am required to provide information to the Saik'uz Education Department to support my application for sponsorship, and
- 2) I am required to abide by the Saik'uz First Nation Education Policy and Procedures.

I understand that in the event I do not follow the education institution's education requirements or that I do not abide by the Saik'uz First Nation Education Policy, my sponsorship for funding will be discontinued.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

### Checklist – Application Completion:

- ☐ I have read the Saik'uz FN Post-Secondary Education Policy & Procedures Manual
  - ☐ Appendix 1: Saik'uz Post-Secondary Education Application 2022/ 2023
  - ☐ Appendix 2: Saik'uz Post-Secondary Education Planner 2022-2023
  - ☐ Appendix 3: Saik'uz Post-Secondary Student Waiver Form 2022/2023
  - ☐ A copy of your status card
  - ☐ High School or existing post-secondary transcripts (first year applicants)
  - ☐ Letter of Acceptance from college/university applied to.
  - ☐ Letter of Intent: **New students and reinstatement applicants only.**
- Your letter of Intent must:
- I. Describe your educational goals and what you want to achieve (ie. certificate, diploma, or degree. Indicate an anticipated timeline for completion of your goals.
  - II. Provide documentation outlining your current level of education (last grade completed, college/university courses completed, and certificates or diplomas obtained.
  - III. Include an outline of the intended courses for the first and second semester of study along with the name and contact information of your student intake advisor.

If you are approved for sponsorship you will be sent the following documents:

*Appendix 4: Post-Secondary Student Funding Contract*

Appendix 5b: Confirmation of Sponsorship to Student

Your Post-Secondary Institution will be sent:

Appendix 5: Confirmation of Sponsorship

**Please scan and email completed application or fax to contact addresses on top of page 1.  
Mail or drop off hard copy of application to band office.**