



Quw'utsun Syuw'entst Lelum'
Cultural & Education Department
5744 Allenby Road Duncan, BC V9L 5J1
Telephone (250) 715-1022 Fax (250) 715-1023

TO ALL POST-SECONDARY APPLICANTS:

The information collected on this form, including supporting documentation and materials, will be used to support the **Application for Sponsorship** process and for making decisions regarding sponsorship eligibility. The information is stored and maintained on the student's file and is collected as required by the Quw'utsun Syuw'entst Lelum' Centre's Policies and Procedures Guide. I confirm the following application is true:

1. I accept responsibility for satisfying the academic or training requirements of the institution I am planning to attend.
2. I agree to manage educational assistance funds to the best of my ability.
3. By agreeing to sponsorship, I consent to the release of all information regarding academic progress, attendance, and transcripts for the duration of my enrolment.
4. I certify that all statements of this application are true and complete; I understand that misrepresentation of this information, in any way, may warrant denial of my application.

Please indicate that you have attached the following:

- Letter of Acceptance** from the training institution along with **course registration course outline and class schedule** and all mandatory **course & book costs** for the whole school year. Please ensure training **start and end dates** are included with this documentation.
- Most recent transcripts
- Signature for Canadian Residence & a copy Status Card**
- U/P Intercession or Practica request must include – Permission to register letter from a program coordinator or instructor. (If applicable)
- If claiming spouse as a dependent, spouse's income verification must be included.

Please note the following important dates:

September Intake (Fall semester) Deadline for application is **May 15, 2017**
January Intake (Winter semester) Deadline for application is **October 15, 2017**
May Intake (Summer semester) Deadline for application is **February 15, 2018**

Completed applications are processed on a first come first serve basis with priority given to applicants graduating high-school and entering into Post-Secondary, and Post-Secondary students continuing on with their education. Students will be notified up to **two times** that information is missing from the application, 3 weeks after the final notification the file will be marked incomplete and archived.

Application Submission date:

Application Completion date:



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Client File Number:

Social Insurance Number			
Last Name			
First Name and Initial			
Band Number (required)			
Date of Birth	Month	Day	Year
Permanent Address			
Applicant type	<input type="checkbox"/> Continuing student <input type="checkbox"/> Recent high-school graduate <input type="checkbox"/> Previously on wait list <input type="checkbox"/> Full-time New applicant <input type="checkbox"/> Part-time New applicant <input type="checkbox"/> Returning after stepping away from studies		
Telephone Number(s)			
E-Mail Address			
Emergency Contact	Name	Phone	
Marital Status	<input type="checkbox"/> Single living with parents <input type="checkbox"/> Married student with employed spouse / common law <input type="checkbox"/> Single parent with dependent(s) <input type="checkbox"/> Married student with dependent spouse (Less than \$11,327/ yr income with no children, Less than \$13,420/yr with children) <input type="checkbox"/> Single Student		
List of Dependents (List legal names):		Birth Date	Age
Last Name:	First Name:	Yr Mo Day	Relationship to you



Previous education to date (please list grades completed, Certificates, Diplomas, Degrees, etc. and the year that they were awarded) as well as province of education	Education	Year
Highest Level completed to date :	<input type="checkbox"/> Upgrading / High school / UCEP <input type="checkbox"/> Level 1 – Diploma or Certificate <input type="checkbox"/> Level 2 – Bachelor's Degree <input type="checkbox"/> Level 3 – Masters <input type="checkbox"/> Level 4 – PHD	
I declare I am a Cowichan Tribes Band Member and have been a residing in Canada for the Past 12 Months	<input type="checkbox"/> Yes <input type="checkbox"/> No Signature	
<i>If you have <u>not</u> lived in Canada for the past 12 Months</i>	Explanation:	

Short & Long Term Goals (attach separate page if necessary)

Short Term:

Please describe how you plan to use your training within the first year of completing.

Long Term:

Please describe how your training will build into your future career, particularly how you hope to advance in your chosen industry.



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COURSE INFORMATION:

Training Institution	
Training Institution registration contact information. <i>(Please include name of person, address, telephone & fax numbers, and email address.)</i>	Name: Address: Telephone: FAX: Email:
Program Name	
Start Date of this semester	
End Date of this academic year	
Are you going to be Registered as a Part-time or Full-time Student?	<input type="checkbox"/> Full-time (12 credits or more per semester) <input type="checkbox"/> Part-time (less than 12 credits – no living allowance)
Projected completion date of entire program	
Tuition Cost (Attach estimate from school or website)	
Book estimate (Attach from program website)	
Year of study entering :	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth
Have you already been accepted? <i>If yes, please provide a copy of the Letter of Acceptance, and payment deadlines.</i>	
Co-op / Practicum dates (if applicable)	

 Print First & Last Name of Applicant

 Applicant's Signature

 Date



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INFORMATION RELEASE

By signing this release, the student authorizes the following third party contact(s) to:

1. Communicate with Cowichan Tribes Education regarding the student's file on their behalf and/or
2. Pick-up payments. (For example: a parent/sibling who would pick up payment on your behalf)

The student also recognizes that the contacts listed below are not the primary contacts for this file. Although Cowichan Tribes will accept inquiries from the authorized contact(s), all correspondence will continue to be made with the student.

This Release remains in effect for the duration of the request for funding. It is the student's responsibility to advise Cowichan Tribes if there is a change in the third party authorized contact(s).

AUTHORIZED THIRD PARTY CONTACTS

Contact 1:

Full Name	
Relation to student	
Address	
Telephone Number	
Student Signature	

Contact 2:

Full Name	
Relation to student	
Address	
Telephone Number	
Student Signature	

As per my authorized signature above for the indicated Contacts, I, _____, hereby authorize that information contained in my file may be shared with the above designated third party contact(s) & may pick up cheques on my behalf.



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STUDENT APPLICATION AGREEMENT

Please ask the staff for help if you are unclear about any part of this form.

I, _____, hereby swear that all of the information provided to Cowichan Tribes is true, correct and complete in every respect and that it is subject to verification by Cowichan Tribes. **Please read and initial each bullet point.**

I agree that this information may be shared with other involved organizations, training institutions and departments involved in my application for sponsorship.

- I acknowledge that in the event that I do not comply with any of the following requirements, I may be denied further funding by Cowichan Tribes.
- I will reimburse Cowichan Tribes for training costs incurred on my behalf should I leave the program without notification or fail to attend or collect living allowance in a fraudulent manner. I will not be eligible to participate in further Cowichan Tribes funded education until all monies owed have been repaid or collected via garnishing of my future living allowance cheques.
- I will supply originals of all requested documents, receipts for reimbursement, marks, and education related documentation, including records of attendance and progress reports (should they be necessary to your program), to Cowichan Tribes.
- I will honour the follow-up request after the completion of my training and I will provide a personal written evaluation of my educational experience upon completion.
- I am responsible for all training expenses incurred in excess of the agreed upon amount. In all cases, Cowichan Tribes will not be held responsible for any expenses not agreed to prior to the expense being incurred.
- I will immediately report any change of residence, dependents, telephone or other contact information to Cowichan Education Department.

This authorization remains in effect for the duration of my request for funding.

Full Legal Name (*Please print*)

Applicant Signature

Date