



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 sign below and 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.
5. **I understand that submitting my application electronically in the PDF fillable application form typing my name in the signature sections will be considered as my official signature.**

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 Practicum 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.
- Copy of most recent Child's Tax statement (If applicable)
- Student Application Agreement**

Please note the following important dates:

September Intake (Fall semester)	Deadline for application is May 15, 2020	January Intake
(Winter semester)	Deadline for application is October 15, 2020	May Intake
(Summer semester)	Deadline for application is February 15, 2021	

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 Session Submission Date

 Applicants Signature

APPLICANT:



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

Applicant Information:

Last Name:	_____	
First Name & Initial	_____	
Permanent Address	_____ _____	
Applicant type	New Applicant	Returning Student
Telephone Number(s)	(C) _____ (H) _____	
E-Mail Address	_____	
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 dependant spouse (less than \$20,000/year income; attach income verification) <input type="checkbox"/> Single student	
Emergency Contact	Name: _____ Phone number: _____	

List of Dependents (list legal names); Last Name: _____ First Name: _____	Birth Date Yr Mo Day	Age	Relationship to you Attach Child Tax Form
_____	___/___/___	___	_____
_____	___/___/___	___	_____
_____	___/___/___	___	_____
_____	___/___/___	___	_____
_____	___/___/___	___	_____
_____	___/___/___	___	_____

Applicants Signature and declaration of membership:

<input type="checkbox"/> Yes <input type="checkbox"/> No	I declare I am a Cowichan Tribes Band Member and registered on the Cowichan Tribes Membership list.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I declare that I have been residing in Canada for the past 12 months.

Status Number: _____

QSL Staff Initials: _____
Date: _____



Print First & Last Name of Applicant: _____

Applicants Signature: _____

Date: _____

** If you are submitting this application electronically in the PDF fillable application form, typing your name in the applicant signature space will be considered and accepted as your official signature.**

Program Information:

Training Institution:	_____				
Program Name:	_____				
Start Date of the 2020 semester:	_____				
End Date of the 2020/2021 semester:	_____				
Are you going to going to be Registering as a Part-time or Full-time student?	<input type="checkbox"/> Full -time		<input type="checkbox"/> Part-time		
Projected completion date of entire program	_____				
Year of study entering if continuing student:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th	<input type="checkbox"/> 5 th
Co-op/Practicum dates (if applicable)	_____				
Tuition Estimate:	_____				
Book Estimate:	_____				

** If you are submitting this application electronically in the PDF fillable application form, typing your name in the applicant signature space will be considered and accepted as your official signature.**

Applicant's name (print): _____

Applicant's Signature: _____

Application Received by (print): _____

Date Received by Quw'utsun Syuw'entst Lelum: _____



INFORMATION RELEASE

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

1. Communicate with Quw'utsun Syuw'entst Lelum' Cultural and Education department regarding the student's file on their behalf and/or;
2. Pick-up payment (i.e. living allowance).

The student also recognizes that the contacts listed below are not the primary contacts for this file. Although Quw'utsun Syuw'entst Lelum' 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 Quw'utsun Syuw'entst Lelum' if there is a change in the third party authorized contact(s).

Authorized Third Party Contact(s) to speak on my behalf or pick up my cheques:

As per my authorized signature below for the indicated contacts, I, _____, hereby authorize that information contained in my file and the authority to pick up my cheque(s), may be shared with the designated third party contact(s) listed below.

Contact 1:

Full name	_____
Relationship to Student	_____
Address	_____
Phone Number	_____
Student Signature	_____

** If you are submitting this application electronically in the PDF fillable application form, typing your name in the applicant signature space will be considered and accepted as your official signature.**

Contact 2:

Full name	_____
Relationship to Student	_____
Address	_____
Phone Number	_____
Student Signature	_____



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 below.

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

Initials:

_____ 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 if I 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. Repayment agreements such as garnishing living allowance can be made.**

_____ 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 requests 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 changes in residence, dependents, telephone or other contact information to Cowichan Tribes Quw'utsun Syuw'entst Lelum' Education Department.

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

Full Given Name (*Print*)

Applicants Signature

Date

** If you are submitting this application electronically in the PDF fillable application form, typing your name in the applicant signature space will be considered and accepted as your official signature.**

QSL Staff Initials: _____
Date: _____



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

CONFIRM TO SPONSOR & CONSENT TO RELEASE FORM

Students are required to complete A, C & D in full.

A. INSTITUTION ADDRESS

Name of Institution: _____ Contact Person/Dept: _____
 Full Address: _____ City: _____ Postal Code: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____

B. SPONSOR'S INVOICE ADDRESS & CONTACT INFORMATION

Full Sponsor's Name: **COWICHAN TRIBES QUW'UTSUN SYUW'ENTST LELUM'**
 5744 ALLENBY ROAD
 DUNCAN, BC V9L 5J1
 Phone: (250) 715-1022 Fax: (250) 715-10234 Email: QSL-invoices@cowichantribes.com
 Contact Name and Title: Holly Charlie, Post-Secondary Advisor

C. STUDENT DETAILS

Surname: _____ Given Name(s): _____
 Full Address: _____ City: _____ Prov.: _____ Postal Code: _____
 Phone: (____) _____ Cell: (____) _____
 Email: _____ Student #: _____ (if applicable)

D. STUDENT RELEASE

Transcripts Attendance Progress Reports
 Student consents to release the above indicated information to the Sponsor listed in section B by signing below:
 Student signature: _____ Date: _____

E. SPONSORSHIP & TUITION DETAILS (to be filled out by the Post-Secondary Advisor)

Program Name: _____ New Student: Yes / No
 Program Start Date: _____ Program End Date: _____
 Supplies Only: \$ _____ Other (list items): \$ _____
 Books Only: \$ _____
 Program Tuition \$ _____
 Living Allowance \$ _____ (____/months multiplied by \$ ____/per month)
 Total Sponsorship: \$ _____ Education Director Review and Approval: _____
 Signature _____