

*Bonaparte Indian Band Post-Secondary Education Policy*

**Bonaparte Indian Band  
POST-SECONDARY EDUCATION  
APPLICATION PACKAGE**

**Stuctewsemc Indian Government of the Secwepemc Nation  
P.O. Box 669, Cache Creek, B.C. VOK IHO  
Tel: (250) 457-9624 Fax: (250) 457-9550**

**This Application Package Contains:**

**Application for Funding  
Education Plan  
Student Funding Contract  
Student Authorization/Waiver**

***Application Deadline:***

***June 30, 2010***

***Band office work days  
Mon to Fri 8:00am to 4:00pm***

# Bonaparte Indian Band Post-Secondary Education Policy

## Application for Post-Secondary Education Funding

Application Date: \_\_\_\_\_ SIN# \_\_\_\_\_

Legal Name: \_\_\_\_\_ Commonly Used Name \_\_\_\_\_  
(Surname) (First Name)

New Student \_\_\_\_\_ Returning Student \_\_\_\_\_ Mature Student \_\_\_\_\_

Band Number: 68600 \_\_\_\_\_ Year \_\_\_\_\_ of \_\_\_\_\_ (Full Funding)

**Contact Information:** Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

e-mail \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status \_\_\_\_\_ Dependents \_\_\_\_\_

*Names of eligible dependents who will be residing with you during the education period you are applying for. (For the purpose of this application, only legal dependents of the applicant who will be living with the applicant during the academic year, will be considered eligible dependents.)*

Dependent's Name \_\_\_\_\_ Age \_\_\_\_\_ Band No. \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Age \_\_\_\_\_ Band No. \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Age \_\_\_\_\_ Band No. \_\_\_\_\_

Dependent's Name \_\_\_\_\_ Age \_\_\_\_\_ Band No. \_\_\_\_\_

Have you previously received education funding from Bonaparte? Yes \_\_\_ No \_\_\_  
(If yes, provide details) \_\_\_\_\_

Provide any other educational or employment information that would assist the Education Coordinator and the Education Advisory Council in making their decision on whether or not to provide funding. (add additional page(s) as necessary)

\_\_\_\_\_  
\_\_\_\_\_

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## Education Plan

I plan to enroll as a: Full-time Student \_\_\_\_\_ Part-time Student \_\_\_\_\_

Type of Program: Upgrading \_\_\_\_\_ College Prep \_\_\_\_\_ Trades/Vocational \_\_\_\_\_  
Undergraduate degree \_\_\_\_\_ Post-graduate degree \_\_\_\_\_

Name of Program: \_\_\_\_\_ Total years of study: \_\_\_\_\_

Educational Period you are applying for: From: \_\_\_\_\_ To \_\_\_\_\_

Projected date of graduation: \_\_\_\_\_ Student Number (if assigned) \_\_\_\_\_

Name of Certificate/diploma/degree you will receive at graduation: \_\_\_\_\_

Institutional acceptance (attach if applicable): Final \_\_\_\_\_ Continuing \_\_\_\_\_ Conditional \_\_\_\_\_

**Students seeking sponsorship for the first time:** You must attach a Letter of Acceptance from the institution showing you have been accepted for the term funding is being applied for.

**Returning Students:** Please attach a copy of all your transcripts from the previous school term. No transcripts NO funding....

Name of Institution Applicant plans to enroll at: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Registrar's Phone: \_\_\_\_\_ Financial Department Fax: \_\_\_\_\_

Names of Secondary Schools Previously Attended	Location	Year	Grade Completed
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of Previously-attended post-secondary Institutions and/or Training Programs	Location	Year	Degree/Diploma
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_____	_____	_____	_____
_____	_____	_____	_____

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**Students seeking sponsorship for the first time:** Please detail your complete educational plan for each year of study (i.e. include the institution and course of studies for upgrading, first year, second year, third year, etc.)

**Returning Students:** If there is any change in your Education Plan previously submitted, please provide the details in the space provided here.

Year/Semester	Course of Studies	No. of Courses	Educational Institution	Location
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Mailing Address During the Academic Year (if different from that stated on application)

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

Bank Address and Branch No. \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Information: Account No. \_\_\_\_\_

Transit No. \_\_\_\_\_ Type of Account: \_\_\_\_\_

# *Bonaparte Indian Band Post-Secondary Education Policy*

## **Bonaparte Band Post-Secondary Student Funding Contract**

This contract is between the Bonaparte Indian Band and the undersigned student for the purpose of acquiring education sponsorship from the Bonaparte Band in order to pursue a post-secondary program of studies.

"I have read the Bonaparte Indian Band's Post-Secondary Education Policy. I understand its contents and intent and therefore I agree that:

1. I will complete and sign the Bonaparte Band Application For Post-Secondary Education Funding form and return it to the Bonaparte Band Education Office. I understand that any incomplete documents will be deemed to be incomplete and will be returned to me for completion.
2. Once my application has been approved, the Band will notify the post-secondary Institution by sending a Letter of Support or Letter of Sponsorship.
3. I understand that my application will be reviewed and that the criteria within the Bonaparte Post-Secondary Education Policy will be taken into consideration.
4. **Tuition will be paid directly to the Educational Institution by the Band. Only when we have been provided with the Registrar Phone & Fax Numbers.**
5. Book allowance and living allowance (for students who qualify as full-time students) will be paid directly to the student. Living allowance will be paid to the student, on the third Monday or the 25<sup>th</sup> of each month, whichever is later.
6. Should I not complete the course or program of studies that I have entered into for reasons other than a medical release, I will pay back any monies that the Bonaparte Indian Band has paid toward my education from the dates mentioned in this contract.
7. Should I withdraw from or be terminated by the institution, I will pay the Bonaparte Indian Band the money owed to them within one calendar year from the date of withdrawal or termination of studies.
8. **Until all transcripts of sponsored courses have been provided to the Education Coordinator and all outstanding debts are paid to the Bonaparte Indian Band, I understand that I will not be eligible for further funding.**

Once I have received my allocation for Book Allowance and Living Allowance, I will be responsible for my actions and will be expected by the Bonaparte Indian Band to spend this money responsibly. I understand it is the policy of the Bonaparte Indian Band not to give advances for Books and Supplies, or Living Allowance.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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**Post-Secondary Student Authorization/Waiver**

I, \_\_\_\_\_, authorize the release of any and all pertinent information regarding courses, attendance, progress, and Transcripts of Marks to the Bonaparte Indian Band Education Department, in order that they may determine my eligibility for education funding.

I am currently attending \_\_\_\_\_  
(Name of Educational Institution)

or

I have been accepted at \_\_\_\_\_  
(Name of Educational Institution)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Course/Program of Studies: \_\_\_\_\_

Program Length (months/years): \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

# *Bonaparte Indian Band Post-Secondary Education Policy*

## Post-Secondary Student Letter of Intent

Name: \_\_\_\_\_ Band No. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

This Letter of Intent is being submitted as notice to the Bonaparte Band Education Department that I wish to pursue post-secondary education studies.

I have achieved the following education levels:

Secondary School – Grade: \_\_\_\_\_

College Prep – Courses: \_\_\_\_\_

\_\_\_\_\_

College/University – Diploma/Degree: \_\_\_\_\_

\_\_\_\_\_

My long-term education goal(s) is/are to:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I am currently intending to enroll at: \_\_\_\_\_

(Name of Institution)

The course of studies I will be enrolling in is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date