



**Splantsin
Post-Secondary
Application**

SPLATSIN POST-SECONDARY APPLICATION
Applicant's Information

APPLICATION DATE: _____

Office Use Only			
New	Continuing	Graduate	Returning

APPLICANT INFORMATION

Name: _____ Phone #: _____

Status #: _____ Birthdate: _____

Email: _____

Address: _____

Emergency Contact: _____ Phone #: _____

Marital Status: Single Married Common Law Separated/Divorced

SPOUSE'S INFORMATION

Name: _____ Phone #: _____

Employment Status: Employed Unemployed Receiving Other Benefits

List Other Benefits: _____

DEPENDENTS

Name:	Age	Relationship

REVIEWED BY: _____
DATE: _____

PROGRAM INFORMATION

Student #: _____

Institution Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Program Name: _____

Length of Program: _____ Final Credential: _____

Start Date: _____ End Date: _____

Full-Time Part-Time:

Current Year of Program: _____

EDUCATION PLAN (COMPLETE IN CONJUNCTION WITH DEGREE PLANNING SHEET)

Total Number of Months Living Allowance Requested: _____

Projected Completion Plan:	
Year 1	Number of Courses: _____ Number of Credits: _____
Year 2	Number of Courses: _____ Number of Credits: _____
Year 3	Number of Courses: _____ Number of Credits: _____
Year 4	Number of Courses: _____ Number of Credits: _____
Year 5	Number of Courses: _____ Number of Credits: _____

Total Number of Courses Needed for Completion: _____

I Have Consulted With an Academic Advisor: YES NO

Academic Advisor's Name: _____

I have made contact with the Aboriginal Support Worker at my institution: YES NO

Aboriginal Support Worker's Nam: _____

REVIEWED BY: _____
DATE: _____

SPLATSIN POST-SECONDARY APPLICATION
Degree Planning Sheet

Name: _____

Advisor: _____

Program: _____

Credits Needed: _____

Start Date: _____

End Date: _____

YEAR _____ (1)

FALL SEMESTER _____ (1)		
Course	Credit	Cost
Total		

YEAR _____ (3)

FALL SEMESTER _____ (5)		
Course	Credit	Cost
TOTAL		

WINTER SEMESTER _____ (2)

Course	Credit	Cost
Total		

WINTER SEMESTER _____ (6)

Course	Credit	Cost
Total		

YEAR _____ (2)

FALL SEMESTER _____ (3)		
Course	Credit	Cost
Total		

YEAR _____ (4)

FALL SEMESTER _____ (7)		
Course	Credit	Cost
Total		

WINTER SEMESTER _____ (4)

Course	Credit	Cost
Total		

WINTER SEMESTER _____ (8)

Course	Credit	Cost
Total		

REVIEWED BY: _____

DATE: _____

FINANCIAL PLAN					
ESTIMATED COSTS:	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Tuition:					
Books/Supplies:					
Rent/Utilities:					
Transportation (Insurance/Bus etc):					
Travel (Gas):					
Food:					
Miscellaneous:					
TOTAL ESTIMATED COSTS:					
DECLARATION OF FUNDING SOURCES					
I have additional funding for my education: YES <input type="checkbox"/> NO <input type="checkbox"/>					
Please List NAME AND AMOUNT Applied for:					
Scholarships:	<input type="checkbox"/>				
Bursaries:	<input type="checkbox"/>				
Awards:	<input type="checkbox"/>				
Student Loan:	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				
DECLARATION OF RESIDENCY:					
I, _____, certify that I have been resident in Canada for twelve consecutive months prior to this date.					
Signature: _____			Date: _____		
CODE OF CONDUCT					
I, _____, certify that my answers are true and complete to the best of my knowledge.					
Signature: _____			Date: _____		

REVIEWED BY: _____
 DATE: _____

Consent to Release

Institute Name: _____

Address: _____

FAX #: _____

ATTENTION: OFFICE OF THE REGISTRAR

To Whom It May Concern:

As a student sponsored by Splatsin Education Department, I hereby authorize the above named Post-Secondary Institution to release all **TRANSCRIPTS, ATTENDANCE RECORDS AND OTHER DOCUMENTS** indicative of my progress to Splatsin Education Department.

Student Name: _____

Student #: _____

Program: _____

Year: _____

Please forward the above mentioned documentation to:

Darrell Jones
Splatsin Education Department
PO Box 460
Enderby, BC V0E 1V0

Student Signature

Date

Student Checklist

I have included the following with my Post-Secondary Application:

From Accredited Post-Secondary Institution:

- Registration Forms
- Acceptance Letter
- Consent to Release of Personal Information Form
- Official Transcripts
- Copy of Indian Status Card
- Personal Reference Letter
- Professional Reference Letter

I have COMPLETED the following:

- Applicant's Information Page 1
- Program Information Page 2
- Education Plan Page 2
- Degree Planning Sheet Page 3
- Financial Plan Page 4
- Declaration of Funding Sources Page 4
- Declaration of Residency Page 4
- Code of Conduct Page 4
- Consent to Release Page 5

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

OFFICE USE ONLY

Date Received: _____

Months Sponsored to Date: _____

Application: APPROVED DENIED

AUTHORIZED SIGNATURE

REVIEWED BY: _____

DATE: _____