

WSÁNEĆ SCHOOL BOARD

7449 West Saanich Road (P.O. Box 368)
BRENTWOOD BAY, BC V8M 1R3

ŁÁU, WELNEW
TRIBAL SCHOOL
250.652.1811

250.652.2313 or 250.652.4212 (Admin. Office)
FAX 250.652.6929

SAANICH ADULT
EDUC. CENTRE
250.652.2214

January 2019

Please find enclosed a copy of the WSÁNEĆ School Board application for the Post Secondary Student Assistance Program. **The deadline for applications is February 28th, 2019.** Review of applications for the 2019/2020 academic year will take place at the end of June or early July, 2019.

In order for your application to be considered for funding, your application package must be **"COMPLETE"** with **all** of the following documents in your file by May 31, 2019. **Please remember you will not be put on the wait list until your package is complete.**

- *Completed and signed WSB Post Secondary Application Form- with signed Proof of Residency/Academics Release form (deadline of February 28th 2019);*
- **'Official'** transcripts (most recent Post Secondary Institution transcripts, and/or High School transcripts, etc.);
- Letter of Acceptance from institution/program applying to;
- Photocopy of **current** status card;
- Cover letter outlining educational plans, goals and commitment;
- Course program outline; and,
- List of registered courses printed off from the institution's website (ie. Camosun's Camlink or UVic's WebReg) that illustrates the courses that you are enrolled in, which will show if you are registered as full or part time.

I have also enclosed information regarding the two bursaries that are available to WSÁNEĆ Post Secondary full-time students of the 2018/2019 academic year. Please see the information and criteria that is attached. The 'Uncle Gabe Bartleman' Bursary's deadline is February 28, 2019, and is available to all WSB sponsored full-time students. However, the "WSÁNEĆ School Board Award for Camosun College Students" is only available to WSB sponsored full-time Camosun Students. The deadline for the Camosun awards is January 22, 2019.

Please do not hesitate to contact me if you have any questions or concerns. My contact number is: (250) 652-2214 ext.222, or email: linda@saec.ca

Sincerely,



Linda Gladstone
Post Secondary Advisor

POST SECONDARY APPLICATION FORM

For office use only- Date Application Received: _____

- 1) ☐ Continuing student 2) ☐ 2019 High School Graduate
3) ☐ New student 4) ☐ Returning student

Student Personal Information

Last Name:

Given Name/s:

Band Name:

Registry No:

Social Insurance Number:

Permanent Address:

Street Number

Street Name

City

Province

Postal Code

Marital Status: ☐ Single ☐ Married ☐ Common Law

Number of Years Living in Canada:

Birthdate yy/mm/dd:

Years

Email Address:

Telephone Number/s:

(____) _____

(____) _____

Do you require child care at the SLELEMW Child Development Centre, located in the
Saanich Adult Education Centre? ☐ Yes ☐ No

Educational History

Most Recent Post Secondary or Secondary School Attended: Last Year Enrolled:

Program Information:

Program Applying to:

College/University:

☐ College Prep ☐ Certificate ☐ Diploma ☐ Degree ☐ Graduate Studies

Length of Program:

☐ Full-Time ☐ Part-Time

_____ Months and/or Years

Start Date: _____

End Date: _____

Continuing Students only:

Current year of studies (i.e. 2nd year):

_____ Year

Dependants:

Children/Dependants under the age of 19 living with applicant

Valid proof must be provided- (i.e. National Child Benefit Statement or Tax Refund Statement from previous year).

LAST NAME	GIVEN NAME	BIRTHDATE	RELATIONSHIP

For office use only:

Living Allowance Status/Amount: _____

I, _____, hereby declare that I understand what is expected of me in order to receive Post Secondary assistance from the WSÁNEĆ School Board in the upcoming academic year.

I understand that it is my responsibility to:

- Provide 'OFFICIAL' transcripts after **every** semester that I am funded for (regardless if full-time or part-time). Official transcripts for the Fall semester (Sept.- Dec.) must be in by Jan. 18th, and official transcripts for the Winter semester (Jan.- April) must be in by May 15th.
- Maintain a full-time status while being funded as a full time student.
- Notify the Post Secondary Advisor, if there are any changes relating to my Post Secondary funding (ie. program change, course dropped, phone number, marital status, etc.)
- Apply for Post Secondary funding by February 28th if I intend to continue my studies the following year.
- Notify the Post Secondary Advisor if I am graduating at the end of the academic year, and would like to be invited to the Post Secondary Grad in June 2019.

Failure to adhere to these requirements may result in the loss of WSB funding for the immediate school year, with the possibility of impacting funding for following years.

I ACCEPT RESPONSIBILITY FOR SATISFYING THE ACADEMIC REQUIREMENTS OF THE WSÁNEĆ SCHOOL BOARD, THE INSTITUTION I AM APPLYING TO, AND MANAGING THE EDUCATION ASSISTANCE FUNDS TO THE BEST OF MY ABILITY. ALL THE INFORMATION PROVIDED WITH MY APPLICATION IS ACCURATE.

<u>Signature of Applicant</u>	<u>Date</u>
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ACADEMIC RECORDS RELEASE FORM

Post Secondary funding is conditional upon the applicant signing a release form which permits the WSÁNEĆ School Board, Post Secondary Advisor to obtain a sponsored student's registration documents, tuition invoices, academic transcripts, faculty progress reports, and attendance reports.

I have received the WSB POST SECONDARY HANDBOOK and am satisfied I understand the policy and requirements expected from me as a student.

INITIAL: _____

DECLARATION:

I hereby authorize the WSÁNEĆ School Board, Post Secondary Advisor to request and obtain my registration documents, tuition invoices, academic transcripts, faculty progress reports, and attendance reports. Also, to correspond with Social Development Offices and other financial agencies.

I have met the Proof of Residency Requirement and have been a resident of Canada for the minimum of 12 months or more.

Student Name: _____

Student Signature: _____

Date: _____

LETTER OF INTENT

Mailing Address

Date: _____ 20__

Information: Who you are?

Program: How long is the program? Commitment to the program:

Educational Plans and Goals:

Signature: _____