



**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 Name: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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:					
<b>TOTAL ESTIMATED COSTS:</b>					

**DECLARATION OF FUNDING SOURCES**

I have additional funding for my education: YES  NO

Please List NAME AND AMOUNT Applied for:

Scholarships:  \_\_\_\_\_

Bursaries:  \_\_\_\_\_

Awards:  \_\_\_\_\_

Student Loan:  \_\_\_\_\_

Other:  \_\_\_\_\_

**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

<p><b>I have included the following with my Post-Secondary Application:</b></p> <p>From Accredited Post-Secondary Institution:</p> <p><input type="checkbox"/> Registration Forms</p> <p><input type="checkbox"/> Acceptance Letter</p> <p><input type="checkbox"/> Consent to Release of Personal Information Form</p> <hr/> <p><input type="checkbox"/> Official Transcripts</p> <p><input type="checkbox"/> Copy of Indian Status Card</p> <p><input type="checkbox"/> Personal Reference Letter</p> <p><input type="checkbox"/> Professional Reference Letter</p> <hr/> <p><b>I have COMPLETED the following:</b></p> <p><input type="checkbox"/> Applicant's Information Page 1</p> <p><input type="checkbox"/> Program Information Page 2</p> <p><input type="checkbox"/> Education Plan Page 2</p> <p><input type="checkbox"/> Degree Planning Sheet Page 3</p> <p><input type="checkbox"/> Financial Plan Page 4</p> <p><input type="checkbox"/> Declaration of Funding Sources Page 4</p> <p><input type="checkbox"/> Declaration of Residency Page 4</p> <p><input type="checkbox"/> Code of Conduct Page 4</p> <p><input type="checkbox"/> Consent to Release Page 5</p>	
<p><b>ALL INCOMPLETE APPLICATIONS WILL BE RETURNED</b></p>	
<p><b>OFFICE USE ONLY</b></p>	<p>Date Received: _____</p>
<p>Months Sponsored to Date: _____</p>	
<p>Application:    <input type="checkbox"/> APPROVED    <input type="checkbox"/> DENIED    _____</p>	
<p>AUTHORIZED SIGNATURE</p>	

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_