

## LSIB POST SECONDARY FULL-TIME APPLICATION



### The Deadline for Post-Secondary Applications is:

To begin in September and January, the deadline is May 15<sup>th</sup> of each year  
**All students are to reapply each year**

#### STUDENT CHECKLIST (KEEP FOR YOUR REFERENCE)

<b>* The following must be submitted along with the application forms</b>	<input checked="" type="checkbox"/>
Intent Letter	<input type="checkbox"/>
Transcript of Marks	<input type="checkbox"/>
Registration Data Form from University	<input type="checkbox"/>
Acceptance Letter	<input type="checkbox"/>
<b>* The following forms that apply must be completed and Signed</b>	<input checked="" type="checkbox"/>
Part A - Application for funding	<input type="checkbox"/>
Part B - Education Plan	<input type="checkbox"/>
Part C – Post Secondary Student Contract	<input type="checkbox"/>
Part D – Permission to Release Form	<input type="checkbox"/>
Part E - Financial Consent Form	<input type="checkbox"/>
Part F - Health/ Dental Benefits Waiver	<input type="checkbox"/>
Part G - Post-Secondary Student Banking Information	<input type="checkbox"/>
<b>DID YOU READ THE LSIB POST-SECONDARY POLICY? CIRCLE YES OR NO</b>	<input type="checkbox"/>

#### Contact

Education Manager

Email: [education@lsib.net](mailto:education@lsib.net)

Phone: (250) 499 5528 or 250-499-2717

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**Application Form (Appendix A)**    **Enrolment Period:**    FALL    WINTER    SPRING    SUMMER

PERSONAL INFORMATION:			
NAME:	SIN:	DATE OF BIRTH :    /    / Day    Month    Year	
		BAND NUMBER:	
ADDRESS:	CITY/TOWN:	PROVINCE:	POSTAL CODE:
TELEPHONE:    -    -	EMAIL:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common Law		Are You: <input type="checkbox"/> Male <input type="checkbox"/> Female	
No. Of Dependents:			
<i>Name of eligible dependents who will be residing with you during the education period you are apply for. For the purpose of this application, only legal dependent children of the applicant who will be living with the applicant during the academic year will be considered eligible dependents.</i>			
Dependent 's Name	Age	Band Number	
1.			
2.			
3.			
4.			
5.			
Sources of Income			
Social Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Student Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
Is Your Spouse: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		Working Spouse Income:	EI:
Provide any other educational or employment information that would assist the Education Coordinator and the Education Committee in making their decision on whether or not to provide funding. (add additional Page(s) or write on the back as necessary)			

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### **Application Form (Appendix A)**

I Plan to Enrol as a:			
<input type="checkbox"/> Continuing Student <input type="checkbox"/> Grade 12 Graduate <input type="checkbox"/> New Applicant <input type="checkbox"/> Deferred Student <input type="checkbox"/> Mature Student			
<b>Type of Program (Qualification Sought) See policy for descriptions and explanations</b>			
<input type="checkbox"/> Non-University <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate <input type="checkbox"/> Other and Not Seeking Qualification			
Name of Program:			Total Years of Study:
Costs from Registration Data Form:	Tuition: \$	Books: \$	
Educational Period you are applying for:		From:	To:
Projected Date of Graduation:		Student No. (if Assigned):	
Name of Certificate/Diploma/Degree you will received at the Graduation:			
Institutional acceptance (Attach Letter): <input type="checkbox"/> Conditional Acceptance <input type="checkbox"/> Final Acceptance <input type="checkbox"/> Non Acceptance			
<b>Note:</b>			
❖ <b>New Students</b> who are seeking sponsorship for the first time must attach a Letter of Acceptance from the Institution showing you have met the pre-requisites and have been accepted into the program you're applying for.			
❖ <b>Continuing Students</b> must attach a copy of your up-coming year registration data forms and transcripts from the previous school year			
Name of Institution applying to:			
Mailing Address:	City/Town:	Province:	Postal Code:
Registrar's Phone No. (    )    -    ext.		Finance Dept Fax: (    )    -	
<b>Education History</b>			
High School information	Highest Grade Completed:	Year of Graduation:	
Name of School:			
<b>Post-Secondary Institutes</b> (List most recent college/university last funded by LSIB)			
Name of college/university:			
Mailing Address:	City/Town:	Province:	Postal Code:

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Registrar's Phone No. (     )	-	ext.     (     )	-	Finance Dept Fax: (     )	-
Name of Program:				Did you Complete this program?	

### **Education Plan (Appendix B)**

**New Students** who are seeking sponsorship for the first time please provide your complete educational plan for each year of study (i.e. include the institution and course of studies for UCEP, 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. Will your program be completed with the limits or will you require additional time?

Year1/1 <sup>st</sup> Semester:	Course of Study:
No. Of Courses:	Institute:
Location:	

Year1/2 <sup>nd</sup> Semester:	Course of Study:
No. Of Courses:	Institute:
Location:	

Year 2/1 <sup>st</sup> Semester:	Course of Study:
No. Of Courses:	Institute:
Location:	

Year2/ 2 <sup>nd</sup> Semester:	Course of Study:
No. Of Courses:	Institute:
Location:	

Year3/ 1 <sup>st</sup> Semester:	Course of Study:
No. Of Courses:	Institute:
Location:	

Year3/ 2 <sup>nd</sup> Semester:	Course of Study:
No. Of Courses:	Institute:
Location:	

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Year4/ 1 <sup>st</sup> Semester:	Course of Study:
No. Of Courses:	Institute:
Location:	

Year4/ 2 <sup>nd</sup> Semester:	Course of Study:
No. Of Courses:	Institute:
Location:	

### **Post- Secondary Student Contract (Appendix C)**

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

"I have read the LSIB Post-Secondary Education Policy. I understand its contents and intent and therefore I agree that:

1. I have provided true and full statements in this application.
2. My application will be assessed against the LSIB Post-Secondary Education policy, and I am only entitled to funding in an amount and in the method provided for in that policy. Further, I acknowledge that the policy contains numerous conditions on my funding, and I must comply with those conditions.

I am liable to return money to LSIB in the event that anything in this application, or which I provide in support of this application, is false, or if I withdraw from school prior to the completion of the school year.

Failure to comply with the above terms may jeopardize any further sponsorship and result in the student being placed on Academic Probation. I have read and fully understand the conditions of my post-secondary sponsorship.

\_\_\_\_\_  
Signature by Student:

\_\_\_\_\_  
Date:

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**Post-Secondary Student Permission to Release Form (Appendix D)**

In the event that I, \_\_\_\_\_ do not submit transcripts of marks, within six weeks of the end of my program, I give permission for \_\_\_\_\_ college/university to release transcripts to LSIB Education Department. Transcript of marks will determine eligibility for continued funding.

In the event that I withdraw, or am terminated from, my program, or any courses I, give permission for \_\_\_\_\_ college/university to release withdrawal dates, attendance reports, progress reports, and registration data forms to LSIB Education Department.

*\*Please indicate if you're currently in a program or will be; fill in the area that applies.*

I am Currently Attending:			
I have been accepted at:			
Mailing Address:	City/Town:	Province:	Postal Code:
Phone: (     )     -		Fax: (     )     -	
Course/Program of Studies:			
Length of Program (Months/years):			

\_\_\_\_\_  
Student Signature to give Permission to all of the above

\_\_\_\_\_  
Date:

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**Post-Secondary Student Financial Consent Form (Appendix E)**

I, \_\_\_\_\_, authorize the release of any and all pertinent financial information to the LSIB Education Department, in order that they may determine my eligibility for education funding.

This information may be required from such sources as:

- Ministry of Human Resource offices
- Student loans offices
- Unemployment insurance offices
- Social Development offices
- Student spousal employment income

I understand and acknowledge that this information is collected in accordance with the Privacy Act and if third Party Service Providers requires this information for accountability purposes, I will be required to sign an additional authorization for Disclosure form.

This consent shall remain in effect during my current school year only.

I have read, understand and agree to the above.

\_\_\_\_\_  
Signature by Student:

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Date

I, \_\_\_\_\_, am the spouse or common-law partner of the above-named applicant. I have read the consent to disclose and verify information and I authorize the release of any and all pertinent financial information to LSIB Education Department, to determine funding eligibility for my spouse or common-law partner.

\_\_\_\_\_  
Signature by Student Spouse:

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Date

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### LSIB Student Health and Dental Benefits Waiver Form (Appendix F)

First Nation Sponsor **LSIB**

PLEASE NOTE: It is student's responsibility to contact the finance/records office at the university to opt-out of the Health and Dental Plan. (Ask about their Opt-Out Procedure)

HEALTH AND DENTAL PLANS will not be covered by LSIB Education – Students who already have equivalent health and dental plans, may opt-out or choose to pay on their own.

This completed form will be submitted along with notification of sponsorship in order that LSIB will not be invoiced for the Health & Dental Plans

**Important Note:** Students are responsible to ensure they follow the Opt-Out Procedure as required when registering

Student Information			
Name:		Student Number:	
ADDRESS:	CITY/TOWN:	PROVINCE:	POSTAL CODE:
I have existing extended health and dental coverage and wish to use that coverage to waive the Student Extended health Plan coverage. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Band Name:		Band Number:	

**PLEASE READ THE FOLLOWING BEFORE SIGNING THIS FORM:**

I wish to decline the Student Health and/or Dental Plan(s) coverage. Comparable health and/or dental coverage are presently provided for me. I acknowledge that as a result of this waiver, I forfeit all rights to coverage otherwise available to me under the Student Health and/or Dental Plan(s). I realize that I will not be able to rejoin the plan(s) until I enrol next year or unless I cease to be covered by my existing plan and I make alternate arrangements.

I understand that the information provided above is required in order for me to waive the extended health and dental coverage. I hereby authorize and consent to the use, release, and exchange of the above information between the university, the Student Organization, the Student Service Co-Coordinator, and the Insurance Carrier(s) to be used solely in connection with the Student Benefits Plan. I confirm that all the information provided is accurate.

\_\_\_\_\_  
Signature by Student:

\_\_\_\_\_  
Date: MM/DD/YR



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### Post- Secondary Student Banking Information (Appendix G)

Account Information	
<b>Note:</b> Direct Deposits will be made ONLY if all banking information is provided; Otherwise any cheques will be mailed by regular post to your mailing address provided on this application.	
Name of Banking Institute:	Branch:
Address:	
Phone: (     )     -	Fax: (     )     -
Account Number:	Transit Number:
Type of Account:	
** Applicants approved for funding must provide a void cheque three weeks prior to the start of school. Any student, who changes their Bank, Branch, Bank account or mailing address during the academic year, must inform LSIB Finance department.	

Declaration (Read before Signing)

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand that if any false statements are found, this application may be rejected. I have read and understand the LSIB Education Policy for Post Secondary and agree to abide by the policy.

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

\_\_\_\_\_  
Date Signed

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### INFORMATION SUMMARY

#### **Application Deadline:**

Any application received after, May 15<sup>th</sup> of each year will not normally be considered for funding in the current fiscal year. **However due to the lateness of the approval process applications will be received up to and including May 31<sup>st</sup>, 2021.**

#### **Application Package:**

A completed Application Package includes the following:

1. Application for Post-Secondary Education Funding – It is essential that all required information is included on the form. Failure to provide sufficient information, in particular current address, telephone number, and email address may result in delays in funding being made available. Once your application has been approved and sponsorship confirmed, you will be notified at the current contact information indicated on the application form.
2. Education Plan (See Part B)– The potential student must show commitment to clear educational goals by providing the Education Coordinator with an Education Plan that provides educational details for the next academic year. The Education Plan form must be completed in its entirety in order for the Education Coordinator and the Education Committee to make the appropriate decision regarding your sponsorship.
3. Student Funding Contract (See Part C) – This document outlines the student's contractual responsibilities. Please read this document carefully, sign it, and return it to the Education Coordinator. If this document is not returned, your application will be deemed to be incomplete and will not be considered for approval.
4. Student Authorization/Waiver (See Appendices D) – These documents are necessary to permit Education staff access to student records. It is important for funding purposes and on occasion, the Education Coordinator has a need to verify that all students are actually attending classes. Once again, if these documents are not signed and returned to the Education Coordinator, your application will be deemed to be incomplete and will not be considered for approval.
5. Financial Consent Waiver (Part E) Information from other agencies may include, but is not limited to, Human Resources and Development Canada (EI), First Nation Social Development Department (S/A).
6. Medical/Dental Waiver (Part F) Students are responsible for their own medical and dental benefits. These will not be funded by LSIB. Students must sign the waiver.
7. Post Secondary Notice of Appeal (Part G) See page 11
8. Post-Secondary Notice of Appeal Decision (Part H) See page 11

#### ***IMPORTANT INFORMATION:***

*Once you have received sponsorship and are attending classes, you will be required to fill in an application each year for continued sponsorship. Applications will normally be approved approximately 4 to 6 weeks prior to the commencement of classes in each term.*

*It is important to send your application in as soon as possible.*

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### Compassionate Grounds (Appendix H)

Student leave may be granted for documented medical reasons or for compassionate reasons as defined below. Compassionate care leave will be considered if it involves an immediate family member. The following classes of person are included in the definition of "family member".

- An employee's spouse or common-law partner;
- The employee's child(ren) or the child(ren) of the employee's spouse or common-law partner;
- A parent of the employee or spouse or common-law partner of the parent;
- A child of the individual's parent or a child of the spouse or common-law partner of the individual's parent;
- A grandparent of the individual or of the individual's spouse or common-law partner or the spouse or common-law partner of a grandparent of the individual;
- A grandchild of the individual or of the individual's spouse or common-law partner or the spouse or common-law partner of a grandchild of the individual;
- The spouse or common-law partner of the individual's child or of the child of the individual's spouse or common-law partner;
- A parent, or the spouse or common-law partner of a parent, of the individual's spouse or common-law partner;
- The spouse or common-law partner of a child of the individual's parent or of a child of the spouse or common-law partner of the individual's parent;
- A child of a parent of the individual's spouse or common-law partner or a child of the spouse or common-law partner of the parent of the individual's spouse or common-law partner;
- An uncle or aunt of the individual or of the individual's spouse or common-law partner or the spouse or common-law partner of the individual's uncle or aunt;
- A nephew or niece of the individual or of the individual's spouse or common-law partner or the spouse or common-law partner of the individual's nephew or niece;
- A current or former foster parent of the individual or of the individual's spouse or common-law partner;
- A current or former foster child of the individual or the spouse or common-law partner of a current or former foster child of the individual;
- A current or former ward of the individual or of the individual's spouse or common-law partner;
- A current or former guardian or tutor of the individual or the spouse or common-law partner of the individual's current or former guardian or tutor;
- In the case of an individual who has the serious medical condition, a person whether or not related to the individual by blood, adoption, marriage or common-law partnership, whom the individual considers to be like a close relative. This means that the person who has the serious medical condition may designate any individual who is not included in the definition of "family member" but who is considered to be like a close relative. This will allow the designated individual to claim compassionate care benefits; and
- In the case of an individual who is the claimant, a person, whether or not related to the individual by blood, adoption, marriage or common-law partnership, who considers the individual to be like a close relative. This means that any individual who is not listed in the definition of "family member", but who considers the person who has the serious medical condition to be like a close relative, may claim compassionate care benefits.

Common law partner" means a person who is cohabiting with the individual in a conjugal relationship, having so cohabited for a period of at least one year.