

**Nadleh Whut'en Indian Band Post-Secondary Student Support Program**

P.O. Box 36, Fort Fraser, B.C. V0J 1N0 ▪ Phone: 250-690-7211 ext.106 ▪ Fax: 250-690-7316

Email: [sketlo@nadleh.ca](mailto:sketlo@nadleh.ca)

Post Secondary Student

Dear Student:

Thank you for showing an interest in furthering your academic and career goals through the Nadleh Whut'en Indian Band administered Post-Secondary Student Support Program.

Please find attached, an "Application for Education Assistance Form". Complete this form in full, incomplete or improperly filled application forms may cause processing delays. In addition to filling out the attached program application form, and sending it to the NWIB Education Coordinator, we require you to undertake the following three (3) actions:

- 1) We require a letter of acceptance from the University or College that you plan to attend.
- 2) We require transcripts from the most recent school you attended.
- 3) Student medical coverage is the responsibility of the student. The NWIB **does not pay** for medical/dental coverage. You will need to **opt out** of the university/college medical coverage if you do not want to pay it.

If you are a returning student, please forward to the NWIB Education Coordinator a copy of last year's grade transcript and a "letter of invitation to pre-register" from the University or College you intend to continue studies.

Your submission of an application form, and supporting documentation, does not mean you automatically qualify for NWIB Post-Secondary Student Support or UCEP program funding assistance. The NWIB Education Coordinator, and Education Committee, will review your application against established program entrance eligibility criteria. A letter will be forwarded to you confirming the status of your application for the NWIB Post-Secondary Student Support or UCEP program(s).

Should you have any questions, or require further clarification on the contents of this letter, please contact me, the Education Manager at (250) 690-7211 or [sketlo@nadleh.ca](mailto:sketlo@nadleh.ca).

Yours truly;

Sue Ketlo

NWIB Education Manager

cc. Post-Secondary Program File

**NADLEH WHUT'EN INDIAN BAND  
APPLICATION FOR EDUCATION ASSISTANCE**

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Email: sketlo@nadleh.ca

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ - \_\_\_\_\_ Band Number: \_\_\_\_\_ S.I.N. \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Telephone : Home ( ) \_\_\_\_\_ Away ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_ Divorced, \_\_\_\_\_ Common Law.

Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Fulltime \_\_\_\_\_ Part time

Is your spouse employed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable.

Dependant(s) Name(s):

Dependant(s) Age(s):

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

4 \_\_\_\_\_

\_\_\_\_\_

5 \_\_\_\_\_

\_\_\_\_\_

Post-Secondary Institution's Name: \_\_\_\_\_.

Post-Secondary Institution's Address: \_\_\_\_\_.

Post-Secondary Institution's Phone #: ( ) \_\_\_\_\_.

Post Secondary Institution Academic Advisor or Councillor name: \_\_\_\_\_.

Name of Program Enrolling in: \_\_\_\_\_.

Current Year Start Date: \_\_\_\_\_ Current Year End Date: \_\_\_\_\_.

dd/mm/year

dd/mm/year

Total Length of Program: 1 2 3 4 5 Years (Circle One) or Number of Months: \_\_\_\_\_.

I will be Attending: \_\_\_\_\_ Full-time, \_\_\_\_\_ Part-time. Student Number: \_\_\_\_\_.

List of Courses I will be taking in Year \_\_\_\_ of a \_\_\_\_ Year Program:

1 \_\_\_\_\_ # of Credits \_\_\_\_\_ 5 \_\_\_\_\_ # of Credits \_\_\_\_\_.

2 \_\_\_\_\_ # of Credits \_\_\_\_\_ 6 \_\_\_\_\_ # of Credits \_\_\_\_\_.

3 \_\_\_\_\_ # of Credits \_\_\_\_\_ 7 \_\_\_\_\_ # of Credits \_\_\_\_\_.

4 \_\_\_\_\_ # of Credits \_\_\_\_\_ 8 \_\_\_\_\_ # of Credits \_\_\_\_\_.

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**List Previous Education:**

School Name	Year Completed	Certificate, Diploma or Degree
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

**Estimated Costs:**

**Tuition**  
1<sup>st</sup> semester \_\_\_\_\_ 2<sup>nd</sup> semester \_\_\_\_\_

**Books & Supplies**  
1<sup>st</sup> semester \_\_\_\_\_ 2<sup>nd</sup> semester \_\_\_\_\_

**Other related costs** \_\_\_\_\_

1<sup>st</sup> semester \_\_\_\_\_ 2<sup>nd</sup> semester \_\_\_\_\_

Nadleh Whut'en Band **does not pay** for medical/dental coverage. You will need to **opt out** of the university/college medical coverage if you do not want to pay it.

Do your Studies Require Work Co-op Placement or Practicum?     Yes     No

Have you ever received Post-Secondary Support Program funding from Nadleh Whut'en Indian Band, or any other First Nation before?    Check one     Yes     No

**STUDENT DECLARATION**

In the event that I am in receipt of post-secondary funds from the Nadleh Whut'en Indian Band, I understand that I must continue to meet the Post-Secondary Student Support Program Entrance and Continuing Eligibility Requirements contained in sections 3 and 4 of the Program's Policy and Procedures Manual: here to attached.

I declare that the information contained on this application form is accurate to the best of my knowledge. I acknowledge that falsification / misrepresentation of information, or failure to abide by NWIB Post-Secondary Student Support Program policies, may result in the discontinuation of program funding and / or refusal of future program education assistance. I further acknowledge that, should I receive program-funding assistance under false pretence, I shall be liable for repayment of such funds.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(Please Print)