



HAISLA NATION COUNCIL

Education & Employment

606 Mountainview Square, Kitimat, BC V8C 2N2

Phone: 250-632-6151 Fax: 250-632-6973

RE: APPLICATION FOR FUNDING

Haisla Nation Council's Education & Employment Department requires the following for applications for funding:

Check	Documents Required:	Date Received:
<i>Short-Term and Long-Term Studies:</i>		
	Completed application – incomplete applications will cause delay	
	Copy of your status card (you must be a registered Haisla member)	
	Letter of acceptance and/or registration statements	
	Signed Funding Agreement	
	Signed Consent for Release of Information	
<i>Long-Term Studies Only:</i>		
	Transcripts and certificates from last institute attended	
	Completed Academic Plan	
	Completed Training Plan	

Please return the above information, along with your application, to the address below.

Rosanna Christiansen

Post Secondary Coordinator/Academic Advisor

For: Diploma, Masters, Bachelors, Doctorate degrees.

Phone: 250-632-6151

Email: rchristiansen@haisla.ca

Tara Paul

Upgrading Coordinator

For: Certificate Training and Upgrading

Phone: 250-632-6151

Email: tpaul@haisla.ca

Amy Barbosa

Employment Training Liasion

For: Trades and Short Term Training

Phone: 250-632-6151

Email: abarbosa@haisla.ca

All the best to you,

Kirsten Ryan

Employment and Training Manager

PERSONAL INFORMATION		
Band Registry #:		
Name(s):		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Married	Income Status: <input type="checkbox"/> Employed at _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Other Income
Date of Birth:		
Permanent Residence Address:		
Address While at School (If Different than Permanent Address):		
Phone Number:	Email Address:	
# of Dependents: _____	*Copies of birth certificates are required for those requesting a living allowance or childcare)	
Reporting Requirement:	Are you an immediate family member of Chief and Council? <input type="checkbox"/> No <input type="checkbox"/> Yes, relationship: _____	

PREVIOUS EDUCATION AND/OR TRAINING	
Program:	
School/Institute:	
City & Province:	
Last Date Attended:	
Did you Graduate?	
Funding Source:	

Program:	
School/Institute:	
City & Province:	

Last Date Attended:	
Did you Graduate?	
Funding Source:	

TRAINING INFORMATION	
Application For:	<input type="checkbox"/> Short-Term Certificate Training (3 months or less) <input type="checkbox"/> Long-Term Certificate Training (3 months or longer) <input type="checkbox"/> Diploma Program <input type="checkbox"/> Undergraduate/Bachelor's Program <input type="checkbox"/> Master's Program <input type="checkbox"/> Doctorate, Law or Medical Degree Program <input type="checkbox"/> Adult Upgrading <input type="checkbox"/> Trades Training
Institute/ Accreditation:	<input type="checkbox"/> Public Institute <input type="checkbox"/> Private Accredited Institute <input type="checkbox"/> Private Non-Accredited Institute

INSTITUTION AND PROGRAM INFORMATION	
Institution:	
Program:	
For <u>Current</u> Academic Year Only:	Start Date: _____ End Date: _____
Student Status: <input type="checkbox"/> Full-Time (9+ credits per semester) <input type="checkbox"/> Part-Time (Less than 9 credits per semester)	Current Year of Study: _____
Assistance Required (Check <u>all</u> that apply): *Please check the Education & Training Policy for eligibility requirements*	<input type="checkbox"/> Tuition <input type="checkbox"/> Books <input type="checkbox"/> Supplies <input type="checkbox"/> Living Allowance <input type="checkbox"/> Daycare <input type="checkbox"/> Travel

ACADEMIC PLAN – LONG-TERM TRAINING ONLY

SEMESTER:		YEAR:	
COURSE NAME	COURSE #	CREDITS	
SEMESTER:		YEAR:	
COURSE NAME	COURSE #	CREDITS	

TRAINING PLAN – LONG-TERM TRAINING ONLY

Education Goals:	Credential:	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma/Associate Degree <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Trades
	Field of Study:	
	Institution:	
	Program:	
Career Goals:	Field of Work:	

	Role/Job Title:	
	Employer:	
Reason for choosing this career field:		
Labour market research completed? Y <input type="checkbox"/> N <input type="checkbox"/>		
For Office Use Only: Reviewed & approved by HNC's Academic Advisor: _____ Date: _____		

Funding Agreement

I, _____ agree to the following terms & conditions upon being granted financial assistance:

- In the event that I should withdraw, not show up, or are terminated from the course/program enrolled in, I will be responsible and agree to pay all costs paid on my behalf to Haisla Nation Council. I understand this may affect my ability to apply for future funding.
- In the event that I should fail the course/program enrolled in, I will be responsible and agree to pay the tuition paid on my behalf to Haisla Nation Council.
- I shall contact the Education & Employment department immediately if I withdraw due to extenuating circumstances and will provide them with relevant documentation as well as to the institute.
- Upon completion, provide final grades, transcripts and/or completion documents to the Education & Employment Department.

Student Name

Signature

Date

Education Administrator

Signature

Date

Approval

Signature

Date

Consent for Release of Information

I, _____, do hereby give _____
(Student Name) (Name of Institution)

permission to send all relevant information to Haisla Nation Council regarding my program of studies, which includes (but is not limited to):

- Grade Point Average
- Course Marks
- Withdrawals
- Attendance
- Progress

Haisla Nation Council has my permission to contact the Institution regarding information about my studies.

I also give consent to Haisla Nation Council the authority to share information contained in my student file, internally and with Provincial and Federal agencies including additional funders, training institutes, potential employers and various community service organizations. Sharing of this information is to assist in reaching my short term and long term education, training and employment goals.

Signature

Date

****Note: If the institution requires their own consent forms to be completed, please fill out those forms as well.***