WSÁNEĆ School Board Post-Secondary Application Form

OFFICE USE ONLY - Date Application Received: _____

- ☐ 1. Continuing Student
- ☐ 2. High School Student
- ☐ 3. New Student
- ☐ 4. Returning Student

STUDENT PERSONAL INFORMATION

_____ _____ _____
Legal Last Name | Legal First Name | Initial(s)

_____ _____
Band Name | Registry Number

Marital Status:
- ☐ Single
- ☐ # of children ____
- ☐ Married/Common Law

Spouse is:
- ☐ Employed
- ☐ Unemployed

_____ _____
Date of Birth (yy/mm/dd) | SIN

Permanent Address

_____
_____
_____
_____
_____

Mailing Address *(if different from permanent address)*

_____
_____
_____
_____
_____

Residency:
Number of years living in Canada: _____

_____ _____
Phone Number | Email Address

Do you require child care at the SŁEŁEMW Child Development Centre, located at WSÁNEĆ College? ☐ Yes ☐ No
If yes, please list children and ages:

_____ _____
_____ _____

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

Program Length:
☐ Full-Time
☐ Part-Time

Number of Months/Years:
_____

CURRENT ACADEMIC YEAR:

_____ _____ _____
Start Date End Date Target Graduation Year

CONTINUING STUDENTS ONLY
Year of study entering: ☐ 1st year ☐ 2nd year ☐ 3rd year ☐ 4th year
Co-op/Practicum dates (if applicable): _____

DEPENDANTS
Children/Dependents under the age of 19, living with applicant.
Valid proof must be provided: Child Tax Statement or Tax Refund Statement from Previous Tax Year

Legal Last Name	Legal First Name	Birth Date (yy/mm/dd)	Age	Relationship

I, _____ hereby declare that I understand what is expected of me.

I understand that it is my responsibility to:
Initials:

_____ Provide 'OFFICIAL' transcripts after every semester that I am funded for (regardless if full or part-time). Official transcripts for the fall semester (Sept-Dec) must be handed in by January 18th and official transcripts for the winter semester (Jan-Apr) must be handed 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 post-secondary funding (i.e. 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.

Failure to adhere to these requirements may result in the loss of W̱SB funding for the immediate school year. I accept responsibility for satisfying the academic requirements of the W̱SÁNEĆ 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.

This authorization remains in effect for the duration of my requested funding for the current academic school year.

_____ _____

Signature of Applicant Date

Note: If you are submitting this application electronically, typing your name in the applicant signature space will be considered and accepted as your official signature.

OFFICE USE ONLY

Living Allowance Status/Amount: _____

Application Received by (print): _____

Date Received: _____

Confirm to Sponsor & Consent to Release Form

Students are required to complete A & C in full

A. INSTITUTION ADDRESS

_____ _____

Name of Institution Contact Person/Department

Address: _____ Phone: _____

_____ Fax: _____

_____

_____ Email: _____

B. SPONSOR'S INVOICE ADDRESS & CONTACT INFORMATION

Full Sponsor's Name: W̱SÁNEĆ School Board Phone: 250-652-2214 ext. 7144

PO Box 368 Fax: 250-652-6929

7449 West Saanich Road Email: dsam@wsanecschoolboard.ca

Brentwood Bay, BC V8M 1R7

Contact Name & Title: Denise Sam

Post-Secondary Advisor

C. STUDENT DETAILS

_____ _____ _____

Legal Last Name Legal First Name Initial(s)

Address _____

Student # (if applicable)

_____ _____

_____ Phone Number

_____ _____

_____ Email Address

D. SPONSORSHIP & TUITION DETAILS (to be completed by Post-Secondary Advisor)

Program Name: _____ New Student: Y / N

Program Start Date: _____ Program End Date: _____

☐ Supplies Only: _____ ☐ Other: (List Items)

☐ Books Only: _____ ☐ _____

☐ Program Tuition: _____ ☐ _____

☐ Living Allowance: _____ (_____/months multiplied by $_____/per month)

TOTAL SPONSORSHIP: $ _____

Student Academic Release Form

- ☐ Registration Documents
- ☐ Tuition Invoices
- ☐ Academic Transcripts
- ☐ Faculty Progress Reports
- ☐ Attendance Reports

Post-secondary funding is conditional upon the applicant signing a release form which permits W̱SÁNEĆ School Board, Post-Secondary Advisor to obtain a sponsored student's documents listed above.

I hereby authorize the W̱SÁNEĆ School Board, Post-Secondary Advisor to request and obtain the documents listed above; 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 a minimum of 12 months.

_____	_____	_____
Student Name (print)	Student Signature	Date