

Chalo Independent School Society



APPLICATION FORMS FOR
NEW GRADUATES, NEW APPLICANTS AND RETURNING STUDENTS

POST-SECONDARY EDUCATION FINANCIAL ASSISTANCE

COMPLETED APPLICATIONS MUST BE SUBMITTED TO THE EDUCATION COORDINATOR BY:

- March 30 for studies commencing in May
- May 30 for studies commencing in July
- June 30 for studies commencing in September
- October 30 for studies commencing in January

IN OFFICE USE:

APPLICANT'S NAME:

DATE COMPLETED APPLICATION ACCEPTED:

Enclosed is an application package for Chalo Independent School Society's Post-Secondary Funding Assistance. Please complete the application and include the following documentation:

Documentation to include:

- Cover letter. (See Handbook Section 4.1)
- Direct deposit information from the bank.
- One copy of identification for yourself and each dependant claimed.
 - (e.g. status cards, birth certificates, driver's license)
- Official letter of acceptance from the Educational Institution.
- Complete course outline of program. (Courses you will take in each semester.)
- Cost breakdown of tuition, textbooks, registration and other related fees. (Please calculate by semester.)
- Transcripts from last school attended OR CAAT results

Please Note: It is necessary to include your proposed education plan for the entire upcoming academic year. This includes the Spring, Summer, Fall, and Winter semester. This information is imperative to our annual budgeting process.

For the post-secondary application calculating purposes an academic year will start in May and end in April.

Example: May 2024/April 2025 or May 2025/April 2026 would be a complete academic year.

Your application, with all required documents, can be emailed, mailed or delivered directly to the Education Coordinator.

Mail/Delivery:

Chalo School
Attn Education Coordinator
RR1 Mile 293 Alaska Highway
Fort Nelson, BC V0C 1R0

Applications received by the Education Coordinator after the budget is expended will be placed on a waiting list for funding. Incomplete applications will be placed on a pending list until all the information is received and the application can proceed to be reviewed and considered. Please note funding cannot be assured for all applicants.

The deadline date for submission of your post-secondary application can be found on the front of this application and in section 4 of the accompanying guidelines.

Should you require further information, please contact the Education Coordinator at 250.774.7651 EXT 444 or karleigh.kotchea@chaloschool.bc.ca.

Sincerely,

Karleigh Kotchea
Education Coordinator



PREVIOUS CHALO INDEPENDENT SCHOOL SOCIETY FUNDING ACCESSED INFORMATION

Have you ever been funded by the Fort Nelson First Nation’s Chalo Independent School Society? Yes No

If Yes, did you complete the program? Yes No

If yes, which program? _____

If not, what was the reason? _____

STUDENT PROFILE

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ S.I.N. _____ Phone # _____

Permanent address: _____ City/Town _____

Province: _____ Postal Code: _____

Address while attending program: _____ City/Town _____

Province: _____ Postal Code: _____

Status # (mandatory) _____ Email: _____

Marital Status: Single Living at Home Married/Common Law Single Living Independently

Legal Gender: Male Female Preferred Identification/Pronouns: _____

Note: Gender is required to match you with ISC records when completing funding reports.

DEPENDENTS RESIDING WITH APPLICANT

Full Legal Name	Age	Relationship to Applicant	Birthday (mm/dd/yyyy)

Emergency Contact

Name: _____ Relationship to Applicant: _____

Permanent Address: _____ City/Town _____ Postal Code: _____

Phone # (mandatory) _____ Email: _____



BANKING INFORMATION (MANDATORY): Attach Void Cheque or Direct Deposit form here.

EDUCATION HISTORY: Please provide educational history beginning with the most current program

Institute/School	Location	Program	Level Obtained

What are your educational goals and objectives moving forward? _____

EDUCATION PLAN PROPOSED:

Program Category: Certificate Diploma Bachelor Masters Doctorate

Student # (mandatory): _____ Enrollment Status: Full Time Part Time Disability

Length of Chosen Program: _____ Current Year of Study: _____

Start Date: _____ End Date: _____

Institution/School: _____ Program: _____

Address of Institution/School: _____ City/Town _____

Province: _____ Postal Code: _____

Have you consulted with an academic/career counsellor? Yes No

If no, we will connect you with one. If yes, please provide your contact's name: _____

Are there any upcoming circumstances that may affect your participation or attendance? Yes No

If yes, what challenges do you anticipate? _____



All FNFN students are encouraged to self-identify as Indigenous at their schools for access to additional programs, incentives, and awards. Have you connected with Indigenous support at your school? (This can include an Indigenous Academic or Financial Advisor.) Yes No

If no, we will connect you with one. If yes, please provide your contact's name: _____

STUDY PLAN PROPOSED:

	COURSES TAKEN DURING SEMESTER
FALL (Sept)	
WINTER (Jan)	
SPRING (May)	
SUMMER (July)	

OTHER FUNDING SOURCES / INCOME:

Are you currently working? Yes No How many hours per week? _____

Do you plan to continue working while studying? Yes No How many hours per week? _____

Have you or do you expect to receive funding from any other source outside this application? Yes No

Name of additional funding, award, bursary, etc.	Amount Expected
	\$
	\$
	\$
	\$

Note:

It will be a requirement throughout the year to report any bursaries (name and amount), as well as any awards you receive that go towards your studies. **Please note this will not change or reduce the amount awarded to you in your contract.** This information will be used to assist in Education Department decision making regarding the best use of our wrap around supports and where they may need to be changed to support costs that may not be traditionally covered by other sources. This information will also be kept on file as a student achievement and tracked with our FNFN graduate statistics.



SPONSORSHIP COVERAGE REQUESTED: Please provide estimated costs per semester.

	Fall (Sept)	Winter (Jan)	Spring (May)	Summer (June)
Tuition + Fees				
Application/Deposit Reimbursement				
Monthly Living Allowance				
Relocation Expenses				
Christmas Travel				
Laptop Reimbursement				
Other (Please specify)				
TOTAL:	\$	\$	\$	\$

Notes:

1. We do not pay Health and Dental as the majority is covered by Blue Cross under your status. Student's may opt out or pay this fee themselves.
2. Monthly living allowance rates can be found in Appendix B of the guidelines.
3. Travel expenses are calculated at 0.61/km up to maximum of \$650.
4. Laptop reimbursements are a maximum of \$600 and can not be released in advance. Receipts are required.



CONSENT FOR RELEASE OF INFORMATION

Name of Institution/School

Address

City

Postal Code

Attention: Office of the Registrar

As a student currently sponsored by the Chalo Independent School Society, I hereby authorise the above-noted institution to release all transcripts, attendance records and other documents indicative of my progress to the Education Coordinator of Chalo Independent School Society.

Student Name

Student Number

Program of Study

Academic Year

Please forward the above-noted documentation, as it is requested, to:

Chalo Independent School Society
Attn: Karleigh Kotchea, Education Coordinator
RR1 Mile 293 Alaska Highway
Fort Nelson, BC, V0C 1R0
Email: karleigh.kotchea@chaloschool.bc.ca

Signature

Date



POST SECONDARY REPAYMENT AGREEMENT

I, _____, agree to attend and fully participate in _____.
Student Name Program Name

I acknowledge that the cost of this program’s tuition and the course material(s) will be funded through the Chalo Independent School Society. Failure to attend or participate in my program will result in a cost recovery, in which I will be required to return the full amount of the funding allocated to me, to the Chalo Independent School Society.

Failure to comply with this repayment agreement will result in immediate suspension of all access to any program and incentive funding through the Chalo Independent School Society until the full amount of the repayment requested is returned.

I, _____, hereby agree to the terms of repayment outlined above.

Signature

Witness

Date

Date

NOTE: Repayment can only be accepted through certified cheque or money order addressed to Chalo Independent School Society.



Travel Funds Request

I will be requesting access to a travel advance payment for:

Relocation Purposes: Yes No

Christmas Travel: Yes No

Relocation:

I will be requesting a payment for relocation funds to travel from my hometown _____
to _____ to attend _____.

Planned departure date: _____

In addition, I will also require travel funds to return home upon completion of the academic year. Yes No

Estimated return date: _____

Christmas Travel:

I will be requesting a payment for Christmas travel funds to make a return trip home from _____
to _____ during the scheduled Christmas break this academic year.

I understand that it will be a requirement to submit the receipts related to my relocation and/or Christmas travel advance payments if this travel funds request is approved. Failure to do so will result in amounts owing to the Chalo Independent School Society and can result in a suspension of my funding if not repaid.

Signature

Date

FOR EDUCATION COORDINATOR USE ONLY:

Relocation Funds Decision: Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	Christmas Funds Decision: Approved <input type="checkbox"/> Rejected <input type="checkbox"/>
<input type="checkbox"/> 1 st Relocation Payment \$ _____ <input type="checkbox"/> 2 nd Relocation Payment \$ _____ <input type="checkbox"/> Christmas Payment \$ _____	
Education Coordinator Signature:	
Date of Approval:	



STUDENT RESPONSIBILITIES AGREEMENT

I, _____, agree to the following terms and conditions:

- Maintain the appropriate course load for the funding rate requested. Full time is a minimum of 3 courses or 9 credits per semester. 6 credits may be considered full time over the 2 month spring or summer semesters;
- Maintain a minimum grade point average equal to a C+ or better (2.3 GPA) during each semester;
- Provide official transcripts of marks to the Education Coordinator at the end of each term within one month of completion of each term;
- Provide registration enrollment documents outlining course titles and credit allocation for the upcoming semester prior to classes starting.
- Maintain regular class attendance;
- Communicate with the Education Coordinator in an effective and polite manner to help resolve any sponsorship issues that may arise during the school year. I understand verbal abuse towards the Education Department staff will not be tolerated;
- Provide written notice of course or program withdrawal. Withdrawal must be made prior to fee reimbursement deadline or I will be financially responsible;
- Advise the Education Coordinator of any changes in program, school, medical absence (with a doctor’s note), and/or living arrangements that could affect funding.
- Advise the Education Coordinator of address and telephone number changes in advance of moving and ensure that current contact information is provided.
- And fully disclose to the Education Coordinator any other funding, bursaries, or awards that I may be receiving.

I understand and accept the terms and conditions as presented. Failure to abide by the terms listed above creates a breach of contract and may result in immediate suspension of the funding provided by Chalo Independent School Society.

Signature

Date

