

TRADES + SHORT TERM TRAINING FUNDING APPLICATION PACKAGE

COMPLETED APPLICATIONS MUST BE SUBMITTED DIRECTLY TO THE EDUCATION COORDINATOR

Application Dates: (Check the applicable start date only)

- Fall (September Enrollment)
- Winter (January Enrollment)
- Spring (May Enrollment)
- Other: Please specify start date: _____

CONTACT: Karleigh Kotchea, Education Coordinator
Fort Nelson First Nation Education Department
Phone: 250.774.5218
Fax: 250.774.7260
Email: karleigh.kotchea@chaloschool.bc.ca

Office Use Only:

Date Received: _____

Complete

Missing Documents

Enclosed is an application package for Fort Nelson First Nation Trades and Short Term Training Funding.

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

All applications will be processed on a “first come, first completed” basis. Please submit your application as soon as possible as applications must be received 4 weeks prior to the start date of the training program in order to be considered.

For the purpose of this application a short-term training course is defined as a course that is less than 4 weeks in length.

Applications received by the FNFN Education Coordinator after the budget is expended will be placed on a waiting list for funding. Applicants are encouraged to submit an application even if it will be waitlisted to remain eligible for future training dates for their specified program should additional funds be secured.

Incomplete applications will be placed on a pending list until all the information is received. Please note funding cannot be assured for all applicants.

Should you require further information, please contact the FNFN Education Coordinator at the above address, by phone at 250.774.5218 or email at karleigh.kotchea@chaloschool.bc.ca.

Sincerely,

Karleigh Kotchea
Education Coordinator

STUDENT FINANCIAL ASSISTANCE APPLICATION

Please complete all sections of the applications or it may be deemed incomplete.

PERSONAL INFORMATION: Please submit supporting identification documents.

Given Name	Middle Name	Surname	
Previous Surname	Date of Birth (mm/dd/yyyy)	Gender	Indian Registry Number
Emergency Contact Name	Emergency Contact Number		Social Insurance Number
Marital Status			
Single <input type="checkbox"/> Married/Common-Law (Employed spouse) <input type="checkbox"/> Married/Common-Law (Dependant spouse) <input type="checkbox"/> Separated/Divorced <input type="checkbox"/>			

CONTACT INFORMATION:

Mailing Address	City	Province	Postal Code
Phone Number	Cell Number	Email Address	
Permanent Address (if different than mailing address)			

LIST OF DEPENDENTS: Please submit supporting identification documents for dependents.

Date of Birth (mm/dd/yyyy)	Relationship	First Name (& Surname if different)
Date of Birth (mm/dd/yyyy)	Relationship	First Name (& Surname if different)
Date of Birth (mm/dd/yyyy)	Relationship	First Name (& Surname if different)
Date of Birth (mm/dd/yyyy)	Relationship	First Name (& Surname if different)
Date of Birth (mm/dd/yyyy)	Relationship	First Name (& Surname if different)
Date of Birth (mm/dd/yyyy)	Relationship	First Name (& Surname if different)

EDUCATION: Provide a copy of all tickets, certificates earned etc.

What is the highest level of Education achieved? Please list any courses, certificates, diplomas, tickets and the year you completed them.

EDUCATION PLAN PROPOSED:

Institute / School	Address	Province	Postal Code
Program	Length of Program	Student Number	
Method of Delivery: <input type="checkbox"/> Online <input type="checkbox"/> Face to Face	Start Date	Completion Date	
I have consulted with an academic/career counsellor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have made contact with the Aboriginal support worker at my institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide contacts name:			
What are your short-term goals?			
What are your long-term goals?			
Are there any upcoming circumstances which may affect your attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please explain in writing.			

BANKING INFORMATION: Banking information is required for direct deposit. Please attach a Void Cheque or a Direct Deposit slip from your bank to this application.

Program Cost Breakdown: Please provide proof of costs.

Tuition and Mandatory Fees	
Mandatory Textbooks	
Mandatory Course Supplies (Please specify and attach documentation.)	
Other: (Please specify. Can include accommodations/relocation.)	
Total: (Total of all funding being requested.)	

OTHER FUNDING SOURCES / INCOME:

Are you currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you plan to continue working while studying? If yes, how many hours per week? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently on Social Assistance/Income Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied for funding outside of FNFN? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name the source: (student loans, NENAS, bursaries etc.)	
Have you been approved for any outside funding? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is the amount? Please provide documentation.	
Have you ever been on academic probation? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what have you done to ensure you're more successful?	
Have you previously been sponsored by FNFN? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you submitted all transcripts / copy of marks to the Fort Nelson First Nation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you completed the program? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have not completed other FNFN educational sponsored programs, please explain.		

ADDITIONAL INFORMATION:

How have you paid for previous Trades/Industry Training/Certifications you currently have or have had?

If approved for this funding, when do you expect to be employment ready?

What employment position are you training for? Please specify if you have a specific position this training will provide you.

Are you willing to relocate for employment? If your answer is no, please explain why.

What is your return to work action plan? What steps have you taken or will be taking to ensure you will gain employment at the end of your training? Please be as detailed as possible. You may use and attach additional papers as necessary.

CONSENT FOR RELEASE OF INFORMATION

Name of Institution

Address

City

Postal Code

Attention: Office of the Registrar

As a student assisted by the Fort Nelson First Nation, I hereby authorise the above-noted secondary institution to release all transcripts, attendance records and other documents indicative of my progress to the Education Coordinator of the Fort Nelson First Nation.

Student Name

Student Number

Program of Study

School Year

Please forward the above-noted documentation as they become available to:

Fort Nelson First Nation
Attn: Karleigh Kotchea, Education Coordinator
RR1 Mile 295 Alaska Highway
Fort Nelson, BC, V0C 1R0
Fax: 250.774.7260
E-mail: Karleigh.kotchea@chaloschool.bc.ca

Signature

Date

TRADES + SHORT TERM TRAINING REPAYMENT AGREEMENT

I, _____, agree to attend and fully participate in (course name) _____ . I acknowledge that the cost of this course and the course material(s) will be funded through the Fort Nelson First Nation Community Education Authority. Failure to attend or participate will result in a cost recovery in which I will be responsible to pay the full amount of the course and/or course material(s) that are funded. Failure to comply with this repayment agreement will result in my being unable to have the costs for future courses covered by the Community Education Authority Fort Nelson First Nation.

I, _____, hereby agree to repay the total amount of funding that was issued to me to attend the above program to be paid to Fort Nelson First Nation Education program.

This will only apply if failure is due to lack of my attendance and/or participation during the program.

Signature

Witness

Date

Date

NOTE: Cheque or money order must be made payable to the Fort Nelson First Nation.

STUDENT RESPONSIBILITIES

Trades + Short Term Funding students will be held to the following terms and conditions:

- A. Provide proof of completion to the Education Coordinator within 30 days of completion;
- B. Provide registration enrollment documents outlining course details and program scheduling prior to classes starting;
- C. Maintain regular class attendance;
- D. Satisfy the academic requirements of the Training Institution I have applied to;
- E. 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;
- F. Provide written notice of course or program withdrawal. I understand if I withdraw from my program, I will be financially responsible;
- G. Advise the Education Coordinator of changes in program, school, medical absence (with a doctor’s note), and/or living arrangements that could affect funding.
- H. Advise the Education Coordinator of address and telephone number changes in advance of moving and ensure that current contact information is provided.
- I. And fully disclose any other funding that I may be receiving.

I understand and accept the above terms and conditions as presented, otherwise I waive my privilege of sponsorship by Fort Nelson First Nation Education Department. By signing below, I confirm that the information provided in this application is true and factual and that I understand any intentional misrepresentation will result in denial or withdrawal of my funding.

Signature

Date

For Office Use Only:

Documentation Attached:	Included:
Direct deposit information from the bank.	
Copies of identification documents for applicant and all dependents claimed. (e.g. status cards, care cards, birth certificates, driver's license)	
Complete course outline of program. (Include training start/end dates.)	
Cost breakdown of tuition, textbooks, registration and other related fees.	
Copies of any current workforce training tickets. (H2S, First Aid, Food Safe etc.)	
Documentation of outside funding obtained.	
Return to work plan attached.	
Signed Consent to Release Form.	
Signed Repayment Agreement.	
Student responsibilities and consent to application signed.	

Student's confirmed to be an FNFN Member: Yes No Date: _____