



Lake Babine Nation Post-Secondary Financial Sponsorship Form
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All documents must be submitted by the May 15, deadline. Please contact us if you have any questions.

Name of Applicant: _____ Program: _____

Address: _____ Credential: _____

_____ Institution: _____

_____ Start Date: _____

Band Number: _____ Date of Birth: _____

(Please attach a copy of your current status card)

Social Insurance Number: _____

Phone: _____ Email: _____

Checklist: Have the following forms in the application package been completed...

Declaration of dependents..... Yes No

Academic Plan: five year (or other term) Yes No

No Permission to access your academic records..... Yes No

Budget: Tuition, books and supplies..... Yes No

No Budget: Monthly living expenses..... Yes No

Bank account authorization Yes No

Student declaration/agreement with LBN Yes No

Sample rating of application as per LBN Post Secondary Policy..... Yes No

Have the following documents been added to the application?

A copy of the most recent transcripts/statement of grades Yes No

Letter of intent explaining how my education will serve the nation Yes No

**Letter explaining any cost share arrangement Yes No
 (Ask for details about cost share)

If LBN members access some alternative funding, then existing funds can be distributed to more members. Each year we receive 60 to 90 applications, only 10 to 30 new applications are approved due to limited funding. Aboriginal employment and training (250-561-1199) may pay for tuition, books and supplies. Canada Student Loans are available by contacting the Financial Aid Office at the College or University.

When will the following documents be forwarded to the Lake Babine Nation?

Letter of acceptance from institution/Date: _____

LBN Education Committee Application Review Date is June



LBN Post Secondary – Declaration of Dependents

While an LBN Student receiving financial support, I declare that the following dependents will be living with me:

My spouse will be living with me while I am a student: Yes No

Spouse Name: _____ Annual Income: _____

Dependent: _____ Birth Date: _____

Dependent: _____ Birth Date: _____

Dependent: _____ Birth Date: _____

Dependent: _____ Birth Date: _____

Dependent: _____ Birth Date: _____

Dependent: _____ Birth Date: _____

I declare the above information to be complete and accurate. I will advise the Lake Babine Nation Education department immediately if there is any change in the support arrangement of my dependents. I will advise the education department if my spouse's income exceeds \$12,000 per year, and acknowledge that my spouse will no longer be considered a dependent. **(Please provide copy of income tax return)**

Print Student Name: _____

Signature: _____ Date: _____

Academic Plan for: _____

Previous education experiences:

Secondary School last attended *Address* *Level of achievement* *Date received*

Previous Post Secondary Institution (college, university or Other) *Address* *Level of achievement* *Date received*

Previous Post Secondary Institution (college, university or other) *Address* *Level of achievement* *Date received*

I have received previous sponsorship from LBN Education Department? Yes No

If yes, was the sponsorship program completed? Yes No

A copy of each transcript has been attached to this application? Yes No

I am applying for the following Program: _____ Full time Part time

Post Secondary Institution (college, university or other) *Address*

I expect to complete the program by the following date: _____

Type of program: Degree (4 to 5 year) Diploma (2 year) Certificate (1 year) Other: _____
Please describe

Project completion Plan:

Year 1 Number of Courses: _____ *Number of Credits:* _____

Year 2 Number of Courses: _____ *Number of Credits:* _____

Year 3 Number of Courses: _____ *Number of Credits:* _____

Year 4 Number of Courses: _____ *Number of Credits:* _____

Year 5 Number of Courses: _____ *Number of Credits:* _____

Records Release Form

Lake Babine Nation is sponsoring my education, I, _____ (please print name) hereby authorize the release of information regarding all admission details, grades, classroom performance and attendance records, upon request to the Lake Babine Nation Post-secondary coordinator, for the program listed above. I will sign the college or university waiver form if required by the institution.

Student Signature: _____ Student Number: _____

Student Address: _____ Telephone: _____

Date: _____

Financial Plan: Request for sponsorship

Student Name: _____ Number of Dependents: _____

My source of household income will be:

Myself: Employed full-time Employed part-time Employment Insurance Social Assistance None

Spouse: Employed full-time Employed part-time Employment Insurance Social Assistance None

A living allowance is requested for the following months: Full time studies

January <input type="checkbox"/>	May <input type="checkbox"/>	September <input type="checkbox"/>
February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>
March <input type="checkbox"/>	July <input type="checkbox"/>	November <input type="checkbox"/>
April <input type="checkbox"/>	August <input type="checkbox"/>	December <input type="checkbox"/>

Expenses per year:	Estimate	Cost Share?	Source of cost share?
Tuition			
Books			
Supplies			
Other School fees:			
Moving Expenses			
Seasonal travel per year			
Total:			

Budget per month	Monthly Income	Monthly Expense	Balance
Income:			
Living allowance (i.e. see page 7 of attached LBN Post Secondary Policy)			
Other income: (i.e. personal savings, Canada Student loan, part-time employment or other)			
Bursaries or Scholarships: (I have applied at the college or university... yes <input type="checkbox"/> No <input type="checkbox"/>)			
Expenses:			
Rent			
Utilities: (heat, light, water, etc.)			
Food/Personal			
Travel: to/from school each day			
Other: (please list)			
Sub-total:			
Total Balance Required per Month			

Bank Authorization

A sponsored student must maintain a bank account. The monthly living allowance will be direct-deposited into the account each month. Any change to bank account number must be reported immediately to Lake Babine Nation.

PLEASE ATTACH CUSTOMER ACCOUNT INFORMATION FROM YOUR BANKING INSTITUTION. (REQUIRED IN ORDER TO PROCESS LIVING ALLOWANCE).

Bank Name

Bank Location

Savings or Chequing
CIRCLE TYPE OF ACCOUNT

Student Declaration:

I have read the attached LBN Post Secondary Policy and understand the following:

“Students who are found providing false information concerning their expenses and academic studies will
Have their post-secondary funding cancelled immediately.” Section 5.4 (Page 6)

If I do not comply with the requirements of the LBN Post Secondary Policy, I agree to reimburse Lake Babine Nation for the funding that was received by me.

I hereby declare that the information given in this document is true and I understand that this information is subject to verification. If I am financially sponsored by the Lake Babine Nation, I agree to abide by its policies and regulations.

Print Name

Student Signature

Date

Signature: Lake Babine Nation Administration

Date

Sample rating of application as per LBN Post Secondary Policy

What is YOUR score? When the Education Committee meets on June application will receive a rating (refer to Page 4 of the attached policy)?

Here is a chance for you to total your score and see how many points your application will receive. Those applications with the highest score will receive first priority for sponsorships.

Members who are high school graduates with a feasible academic plan	35	points _____
Members who are high school honours graduates with a high GPA	30	points _____
Letter of intent to serve the nation and its causes	20	points _____
Members who can demonstrate a cost-share mechanism	20	points _____
Members who are continuing in a graduate studies program	15	points _____
Members who are enrolled in post-secondary institutions/Central Interior	10	points _____
Members who are enrolled in a technical post secondary program	5	points _____
Members who are high school graduates who normally reside on-reserve	5	points _____
	Total:	_____

Please contact us if you have any questions.

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