



Okanagan Indian Band Post Secondary Assistance Application

12420 Westside Road, Vernon, B.C. V1H 2A8

Tel: 250.542.4328 Fax: 250.542.4990 www.okanagan.org

Continuing Enrolled Student Form

Please update the following required Applicant Information

1. Personal Data

Full Name: _____ 10 Digit Status Registry Number _____

Date of Birth: ___/___/___ **Program Start Date: ___/___/___ End Date: ___/___/___**

Marital Status (check that apply)

Dependent meaning child under the age of 18 years living in your household

Single: _____ Single with Dependents : _____ Married with dependents (employed Spouse) _____

Married with dependents (unemployed spouse) _____ Married with no dependents: _____

Spouse Name: (if applicable) _____

Name of Dependents (if applicable)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

2. Mailing Address:

Telephone: () _____ Cell: () _____ Email Address: _____

3. Educational Plan and Goal- Have you changed your academic goal or institute location? If yes, please indicate the name and attached your new academic planned course load (you are only allowed to change programs once). **Name of Institute:** _____ **Program of Study:** _____

I am going into my: - 2nd yr of studies _____, - 3rd yr of studies _____, - 4th yr of studies _____

4. Have you provided the Education Department with your transcripts from the last semester?

Yes _____ No _____ if no please provide reason;

5. I, _____ hereby swear that the information provided by myself in this package is true, and in the event of false information presented by myself, that I will be liable to repay the full amount or any designated portion of the total amount to the Okanagan Indian Band Education Department.

Applicant Signature

Dated

Program of Study: _____ # of Credits Required for Graduation: _____

Name of Institute applying to: _____ City/Prov: _____

Full-Time: _____ Part-Time: _____

Program Type: Please check applicable box

College Prep Certificate Diploma Bachelor Master's Doctorate

Length of Program: 1 2 3 4 years

Year of Study: 1st 2nd 3rd 4th

Intended start date: _____ Expected Graduated Date: _____

Please list your planned course load (first semester to last semester of program type) with the

Institutions Education Advisor (Name): _____ Signature: _____

One Year of Upgrading if only Required _____, _____, _____ to _____, _____, _____			
M D YR M D YR			
	Course Number	Course Title	credits
e.g	Biol 111 – 3 (credits) – 6 (contact hours)	Biology for Science Majors 1	3
1			
2			
3			
4			
5			
6			
Upgrading if Required _____, _____, _____ to _____, _____, _____			
M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
3			
4			
5			
6			
Upgrading if Required _____, _____, _____ to _____, _____, _____			
M D YR M D YR			
	Course Number	Course Title	credits
1			
2			

Upgrading if Required ____ , ____ , ____ to ____ , ____ , ____			
M D YR M D YR			
	Course Number	Course Title	credits
3			
4			

Year 1 of Program / Semester 1 – ____ , ____ , ____ to ____ , ____ , ____			
M D YR M D YR			
	Course Number	Course Title	credits
e.g	Biol 111 – 3 (credits) – 6 (contact hours)	Biology for Science Majors 1	3
1			
2			
3			
4			
5			
6			

Year 1 of Program / Semester 2 – ____ , ____ , ____ to ____ , ____ , ____			
M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
3			
4			
5			
6			

Year 1 of Program / Summer Session – ____ , ____ , ____ to ____ , ____ , ____			
M D YR M D YR			
	Course Number	Course Title	credits
1			
2			

Year 1 of Program / Summer Session – ____ , ____ , ____ to ____ , ____ , ____			
M D YR M D YR			
	Course Number	Course Title	credits
3			
4			

Year 2 of Program / Semester 1 – __, __, __ to __, __, __			
M D YR M D YR			
	Course Number	Course Title	credits
e.g	Biol 111 – 3 (credits) – 6 (contact hours)	Biology for Science Majors 1	3
1			
2			
3			
4			
5			
6			
Year 2 of Program / Semester 2 – __, __, __ to __, __, __			
M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
3			
4			
5			
6			
Year 2 of Program / Summer Session – __, __, __ to __, __, __			
M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
Year 2 of Program / Summer Session – __, __, __ to __, __, __			
M D YR M D YR			
	Course Number	Course Title	credits
3			
4			

Year 3 of Program / Semester 1 – ____, ____, ____ to ____, ____, ____			
M D YR M D YR			
	Course Number	Course Title	credits
e.g	Biol 111 – 3 (credits) – 6 (contact hours)	Biology for Science Majors 1	3
1			
2			
3			
4			
5			
6			
Year 3 of Program / Semester 2 – ____, ____, ____ to ____, ____, ____			
M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
3			
4			
5			
6			
Year 3 of Program / Summer Session – ____, ____, ____ to ____, ____, ____			
M D YR M D YR			
	Course Number	Course Title	credits
1			
2			
Year 3 of Program / Summer Session – ____, ____, ____ to ____, ____, ____			
M D YR M D YR			
	Course Number	Course Title	credits
3			
4			

Year 4 of Program / Semester 1 – ____, ____, ____ to ____, ____, ____			
M D YR M D YR			
	Course Number	Course Title	credits
e.g	Biol 111 – 3 (credits) – 6 (contact hours)	Biology for Science Majors 1	3
1			

2			
3			
4			
5			
6			

Year 4 of Program / Semester 2 – __, __, __ to __, __, __
M D YR M D YR

	Course Number	Course Title	credits
1			
2			
3			
4			
5			
6			

Year 4 of Program / Summer Session – __, __, __ to __, __, __
M D YR M D YR

	Course Number	Course Title	credits
1			
2			

Year 4 of Program / Summer Session – __, __, __ to __, __, __
M D YR M D YR

	Course Number	Course Title	credits
3			
4			

6. Consent to Release Information (Mandatory to be signed every returning semester)

Student Name: _____ Date: _____

Address: _____ Student # _____

_____ Phone # _____

I, _____ give permission to my sponsoring agency, the Okanagan Indian Band (OKIB) Education Manager to have access to my Progress Reports, Attendance, and transcripts from the Institution which I am attending.

Name of Institute: _____ Yr: _____

Student Signature: _____ Date: _____

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Oath of Confidentiality: (Education Manager/Coordinator to sign every semester)











I, _____ as the Education Manager/Coordinator of the Okanagan Indian Band, do hereby swear that all information received about the above named student will be kept in the strictest of confidence. I fully understand the implications of releasing information about the above named student to any source other than those discussed with the student.

Education Manager/Coordinator Signature

Date

7. Okanagan Indian Band Post Secondary Student Contract (to be signed every semester)

In the event that I receive educational assistance from the Okanagan Indian Band for Post-Secondary Educational purposes, I _____ do hereby agree to the following terms and conditions:

-  I understand that I am to attend classes on a regular basis, satisfy all course requirements and meet and maintain an acceptable grade for the Academic Institution being attended;
-  I understand that I must be enrolled in a minimum of four (4) courses per semester and that I must maintain a grade point average of 2.60;
-  I understand that this is my responsibility to inform to the Okanagan Indian Band Education Manager/Coordinator if problems arise making it difficult to fulfill the above requirements;
-  I understand that the Okanagan Indian Band Education Manager/Coordinator has the right to see progress and attendance reports set fort by the Academic Institution being attended;
-  I understand that it is my responsibility to submit official transcripts of my marks to the Okanagan Indian Band Education Manager/Coordinator **within four (4) weeks of semester completion;**
-  I understand that in the event that I receive education funds under false pretences, I will be liable to repay the full amount or any designated portion of the total amount to the Okanagan Indian Band Education Department;
-  I understand that if I don't pass courses sponsored by the Okanagan Indian Band Education Department, that the same course name(s) will not be sponsored by the Okanagan Indian Band Education Department in the future semesters.
-  I understand that if I fail all courses in a semester that I would be expected to repay the cost of tuition, books, and or living allowance, and self sponsor myself for one (1) semester before funding by the Okanagan Indian Band Education Department can be considered;
-  I understand that if I fail to attend classes in a semester and does not inform the Okanagan Indian Band Education Department, that I will be expected to repay the cost of tuition, books and the living allowances;
-  I have read and understood the Okanagan Indian Band Post Secondary Policies as presented t o me.

Student Signature

Print Name

Education Manager/Coordinator Signature Print Name

Dated: _____