



Bonaparte First Nation

2689A Sage Hill Rd., Hwy 97N, Box 669 Cache Creek, BC V0K 1H0

Tel: (250) 457-9624 Fax: (250) 457-9550

BONAPARTE INDIAN BAND

Post-Secondary Education Funding Application Form

Please fill out the application in its entirety – any sections left blank, your application will be returned to you to complete [requirement of ISC for audit]

Office Use Only	
New Student <input type="checkbox"/>	Continuing <input type="checkbox"/>
Graduate <input type="checkbox"/>	Returning <input type="checkbox"/>

APPLICANT INFORMATION										
Last Name				First			M.I.	Date		
Band Number	686						Date of Birth			
Mailing Address							Apartment/Unit #			
City				Prov.			Postal Code			
Phone				E-mail Address						
Years lived at Address				Social Insurance Number (SIN)				Emergency Contact		
Marital Status	Single <input type="checkbox"/>			Married <input type="checkbox"/>		Common Law <input type="checkbox"/>		Separated/Divorced <input type="checkbox"/>		
Are you currently employed?	YES <input type="checkbox"/>			NO <input type="checkbox"/>		Employer				
If yes, do you plan to continue employment?	YES <input type="checkbox"/>			NO <input type="checkbox"/>		If yes, how many hours per week?				
SPOUSE'S INFORMATION										
Last Name				Given Names						
SIN #				Employer						
Unemployed	YES <input type="checkbox"/>	Receiving other benefits?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		State Benefits			
DEPENDENTS										
<i>Dependents are : a person who is i) under 19 years of age; ii) relies on the student for support, and iii) resides with the student on a full-time basis.</i>										
Last Name				Given Names			Date of Birth		Relationship	



Bonaparte First Nation

2689A Sage Hill Rd., Hwy 97N, Box 669 Cache Creek, BC V0K 1H0

Tel: (250) 457-9624 Fax: (250) 457-9550

PROGRAM INFORMATION			
Institution Name		Student Number	
Program Name		Final Credential	
Length of Program	Start Date	End Date	
Occupational Field			
Full Time	YES <input type="checkbox"/>	Part-time	YES <input type="checkbox"/>
Current year of program			

EDUCATION AND TRAINING HISTORY					
Name of School	Location	Duration	Completed	Certification	Band Funded?
High School					
College					
University					
Graduate School					
Other					

STUDY PLAN (COMPLETE USING YOUR SCHOOL'S CALENDAR)			
	Fall Session	Winter Session	Spring Session Summer Session
Duration			
Number of Courses			
Number of Credits			
FT/PT			
List months for which living allowance requested:			
Total number of months of living allowance requested:			



Bonaparte First Nation

2689A Sage Hill Rd., Hwy 97N, Box 669 Cache Creek, BC V0K 1H0

Tel: (250) 457-9624 Fax: (250) 457-9550

PROJECTED 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:
Year 6	Number of Courses:	Number of Credits:
TOTAL NUMBER OF CREDITS REQUIRED FOR COMPLETION:		
I have consulted with an academic advisor/career counsellor: YES <input type="checkbox"/> NO <input type="checkbox"/>		
I have contacted the Aboriginal support worker at my institution: YES <input type="checkbox"/> NO <input type="checkbox"/>		
FINANCIAL PLAN		
Financial Projection		
Estimated Costs	Current Year	Next Year
Tuition		
Books/Supplies		
Living Allowance		
Seasonal Travel		
I have additional applications for funding. They are: (please list)		
SCHOLARSHIPS <input type="checkbox"/> :		
BURSARIES <input type="checkbox"/> :		
AWARDS <input type="checkbox"/> :		
PROVINCIAL/FEDERAL STUDENT LOANS <input type="checkbox"/> :		
I have spoken with the financial aid department at my institution about funding: YES <input type="checkbox"/> NO <input type="checkbox"/>		



Bonaparte First Nation

2689A Sage Hill Rd., Hwy 97N, Box 669 Cache Creek, BC V0K 1H0

Tel: (250) 457-9624 Fax: (250) 457-9550

Signature	Date

CODE OF CONDUCT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature	Date
-----------	------

OFFICE USE ONLY		
Request attached)	Approved	Denied (reasons
Application received:		
File Number:		
Total number of months living allowance:		



Bonaparte First Nation

2689A Sage Hill Rd., Hwy 97N, Box 669 Cache Creek, BC V0K 1H0

Tel: (250) 457-9624 Fax: (250) 457-9550

CURRENT LIVING ALLOWANCE RATES

STUDENT DEMOGRAPHIC	MONTHLY ALLOWANCE
BFN Chief & Council have allocated a set rate for all post-secondary students.	\$1500.00

- **I AGREE TO MAINTAIN A GRADE POINT AVERAGE [GPA] OF 2.5 OR HIGHER THROUGHOUT THE DURATION OF MY EDUCATIONAL STUDIES.**
- **I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE REQUIREMENTS TO RECEIVE POST-SECONDARY FUNDING FROM THE BONAPARTE FIRST NATION'S EDUCATION DEPARTMENT.**
- **I HAVE SET UP AN ACCOUNT WITH BFN FINANCE SO MY MONTHLY CHEQUES WILL BE DIRECT DEPOSITED.**
- **I ACKNOWLEDGE AND AGREE THAT I WILL SUBMIT MY UNOFFICIAL TRANSCRIPT[S] TO THE EDUCATION OFFICE YEARLY IN DECEMBER AND SUBMIT MY OFFICIAL TRANSCRIPT YEARLY IN APRIL. IF I DO SUMMER SESSION[S], I WILL SUBMIT MY UNOFFICIAL TRANSCRIPT AS SOON AS IT BECOME AVAILABLE.**
- **I FURTHER ACKNOWLEDGE THAT BFN DOES NOT PAY FOR ANY FAILED COURSES AND IF I AM REQUIRED TO RE-TAKE ANY COURSES, I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR PAYING THE REQUIRED TUITION FEES AND ANY/ALL ASSOCIATED COSTS.**
- **IN THE EVENT THAT I FAIL MY COURSES AND/OR ACADEMIC YEAR, I FULLY UNDERSTAND THAT I AM REQUIRED TO REPAY ALL THE MONIES THAT I RECEIVED FROM BFN EDUCATION DEPARTMENT BACK.**
- **A LETTER OF SPONSORSHIP WILL BE SENT TO THE BOOK STORE OF THE COLLEGE/UNIVERSITY THAT YOU WILL BE ATTENDING – PLEASE USE THIS ACCOUNT IN ITS ENTIRETY BEFORE SUBMITTING RECEIPTS.**
- **STUDENTS ARE ELIGIBLE FOR SPONSORSHIP UP TO THE ALLOWABLE SET AMOUNT AS DETERMINED BY INDIGENOUS SERVICES CANADA, ONCE I HAVE REACHED THE MAXIMUM AMOUNT, I ACKNOWLEDGE THAT I WILL NOT BE ELIGIBLE FOR FURTHER SPONSORSHIP FOR THE ACADEMIC YEAR.**

STUDENT SIGNATURE

DATE



Bonaparte First Nation

2689A Sage Hill Rd., Hwy 97N, Box 669 Cache Creek, BC V0K 1H0

Tel: (250) 457-9624 Fax: (250) 457-9550

APPENDIX A

DOCUMENT RELEASE FORM

PSE Institution Name & Address:

Attention: Office of the Registrar

To Whom It May Concern:

As a student assisted by the Bonaparte First Nation, I hereby authorize the above named post-secondary education institution to release all transcripts, attendance records and other documents indicative of my progress to the Bonaparte First Nation.

Student Name:

Student Number:

Program of Study:

School Year:

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

Bonaparte First Nation

P.O Box 669

Cache Creek, B.C

VOK 1H0

Attention: Education Director – education@bonaparte.band

Student Signature

Date