

LIARD FIRST NATION
Post-Secondary Education Sponsorship
Application Package Checklist

Please ensure you have enclosed each of the following with your Application Package, only complete packages will be considered.

Please check each item that you have enclosed:

- ❑ Completed and signed Application Form
- ❑ Photocopy (front & back) of Status Card (New Applicants only)
- ❑ Dependent Income requests MUST provide a copy of the Child Tax Benefit with dependent name(s). Copy of custody agreement and proof of child maintenance payments. (Maximum of three (3) dependents.)
- ❑ Income Tax Statements from student/spouse/partner
- ❑ Income Tax Statement from parents if student is living at home
- ❑ Letter of Acceptance/ Course Registration Form OR Expected date of Notification
- ❑ List of Program fees
- ❑ Correct emails/phone numbers for school and advisors/head of department on page 5.
- ❑ Official Transcripts from all schools attended in a sealed envelope.
(OR on File_____)
- ❑ **Detailed Letter of Intent:**
 - Career and educational goals- beginning of each year
 - Previous experience in the chosen field of study if applicable; and
 - Steps taken to achieve university or college entrance.
- ❑ CIBC banking information.
- ❑ **Students must opt out of UPASS, Health and dental plans at their respective schools**
- ❑ **Parents claiming children must provide 2019 tax assessment**

If the above items are not submitted with your application, it will be considered incomplete and will not be reviewed.

LFN is not responsible for contacting applicants if their applications are incomplete.

**LIARD FIRST NATION
POST-SECONDARY APPLICATION PACKAGE**

This application package is to be completed by Liard First Nation members who are applying for financial assistance to pursue an educational program at an accredited post-secondary institution.

Applications can be emailed, faxed or mailed to the following contacts:

Liard First Nation
PO Box 328
Watson Lake, YT,
Y0A 1C0

Phone: (867)-536-5203
Fax: (867)-536-7910
Email: educationmanager@liardfirstnation.ca

Students must apply directly to the office by the following **deadline dates** to be considered for sponsorship for the upcoming semester of study:

March 15 th	Spring/Summer Enrollment (commencing May or July)
June 15 th	Fall Enrollment (commencing September)
November 15 th	Winter Enrollment (commencing January)

Only original applications that are complete, signed and contain the required documentation will be considered and assessed for funding approval. Assessments will commence at the end of each intake deadline date. Therefore, those applications which are not considered complete will not be processed until all documentation is received and will be subject to funding availability.

Funding is limited and not all students may be funded in a given semester. As well, only partial funding may be provided.

LIARD FIRST NATION Post-Secondary Sponsorship Application

Applicant Information

Name:

Date of birth:

SIN:

Status #:

Mailing Address:

City:

Prov:

Postal Code:

Email Address:

Cell #:

Telephone #:

Personal Information

Single Married/Common-Law Spouse's Name:

Dependent(s): Yes No

Spouse is employed: Yes No Seasonal

Number of Dependents:

Dependent(s) Full Name

Age

Date of Birth

Verification of income- most recent copy of income tax return for both parents is required.

Showing eligible children listed as dependents

Education Program Information

Occupation / Career Goal:

Name of Program:

Program Type: Certificate Diploma Degree Masters/PhD

How many years to complete program?

Start Date (First Year):

Completion Date (Last Year):

Post-Secondary Institution:

Faculty / Dept:

Address:

Prov.:

Postal Code:

Academic Advisor/Counselor Name:

Telephone #:

Education / Training History

Education / Training Program(s)

Institution

Year

Completed

Sponsored

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

IF applicable, circumstances for not completing previous Education/Training Program(s)

Student Residency Declaration

I, _____, certify that I have been a resident of Canada for the last 12 consecutive months prior to this date.

Signature of applicant:

Date:

Student Declaration

I hereby apply for educational sponsorship under the post-secondary student assistance program for the period indicated. I declare that the information contained in this application for sponsorship is accurate to the best of my knowledge. I understand that the falsification and misrepresentation of information, or the failure to abide by the terms of sponsorship may result in the discontinuation of sponsorship and/ or refusal for future financial assistance.

I also understand that should I receive financial assistance under a false pretense, I will be liable for the repayment of such funds. I agree to provide proof of registration at the beginning of each term and to report any changes in program status immediately.

Signature of Applicant:

Date:

**LIARD FIRST NATION
Post-Secondary Sponsorship Application**

STUDENT WAIVER

I, _____, Student No., _____
do hereby authorize Liard First Nation to contact:

Institution: _____

Address: _____

Email Address _____

Telephone # _____

Fax # _____

Bookstore email: _____

Finance email: _____

Registrar email: _____

*All numbers **must** be included for PSS application form to be considered complete.*

For the purpose of inquiry about all aspects of my post-secondary education and application. This waiver will be in effect from the period that I am enrolled at the institution. Please provide all requested material.

Signed: _____ Date: _____

Information can be sent to:

Liard First Nation
Education Department
PO Box 328
Watson Lake, YT
Y0A 1C0

Phone: (867)-536-7901
Fax: (867)-536-7910
Email: ea@liardfirstnation.ca

This form must be completed in full to be considered complete.

LIARD FIRST NATION Post-Secondary Student Education Agreement

I _____ do hereby agree to the following terms and conditions in the event that I receive funding support from Liard First Nation for Post-Secondary educational purposes:

1. I understand that I am to attend classes on a regular basis, satisfy all course requirements, meet and maintain an acceptable grade point average at the academic institution being attended.
2. I understand that Liard First Nation has authorization to access reports of my current attendance and grades from my school.
3. I understand that it is my responsibility to inform Liard First Nation as soon as possible if I do not meet and maintain academic requirements or withdraw from a course.
4. I understand that if I do not maintain an **acceptable academic standing**, as defined by my education institution, I will be placed on **Academic Probation**, which may lead to the termination of my funding.
5. I also understand that in the event that I receive education funds under false pretenses, I may be liable to repay the full amount or any designated portion of the total amount.
6. I understand that if I misuse/abuse any funding, it may lead to the termination of my sponsorship and repayment of all funds.
7. I understand that signing this education contract, I agree to all outlined terms.

First Name		Last Name	
Address - Box/Street	City		Postal Code
Post-Secondary Institution		Faculty / Program	
Applicant Signature		Date	