



KWAKIUTL BAND COUNCIL

99 TSAKIS WAY, FORT RUPERT VILLAGE
P.O. BOX 1440, PORT HARDY, BC, VON 2P0
TEL: (250) 949-6012 FAX: (250) 949-6066

April 13, 2010

Dear Potential Student,

Re: Post Secondary Student Sponsorship

Please complete a letter of intent outlining your academic plans including the following information:

- Outline education goals and plans, and how your goals lead to your employment or long term goals;
- Please include the following attachments in your application:
 - Description of program and courses (photo copy program description and course descriptions from academic calendar);
 - Start and Completion dates;
 - Photo copy of your status card;
 - Estimated cost of *expenses such as tuition, application fees, books & supplies, and other expenses.*
 - Copy of recent transcripts;
 - Acceptance Letter from institution; and
 - Copy of your registration.

Incomplete applications will not be considered for sponsorship for the new school year. Please return your application as soon as possible.

Sincerely,

Marion Hunt, Education Administrator
Kwakiutl Band



Kwakiutl Band Council

Post-Secondary Application

Kwakiutl Band Council
 P.O. Box 1440
 Port Hardy, B.C. V0N 2P0
 Phone: (250) 949-6012
 Fax: (250) 949-6066
 E-mail: education@kwakiutl.bc.ca

PERSONAL INFORMATION

Name: _____ Band Number #: _____
 Phone #: _____ SIN #: _____
 Date of Birth: _____ Work Phone #: _____
 Permanent Address: _____ E-Mail Address: _____
 _____ Date of application: _____

Will, or do you, have a different address while at school?

No Yes ↗

School address (if different from your permanent address):

Are you a single student?

No Yes

Are you a married student /common law student with an employed spouse?

No Yes

Are you a married student with a dependent spouse?

No Yes

Are you a single parent?

No Yes

Do you have dependent children who live with you?

No Yes ↗

How many dependent children do you have? _____

Child's Name: _____ Birth date: _____

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Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

PROGRAM OF STUDY / INSTITUTION

Name of Institution: _____

Address: _____

Registrar/Administration: Phone #: (____) _____-_____

Fax #: (____) _____-_____

Bookstore (if there is one): Phone #: (____) _____-_____

Fax #: (____) _____-_____

Major Area of study: _____

Current Year of Study: _____

Length of Program: _____(years)

Start Date: _____

Expected Completion Date: _____

Course Planner

Fall Semester (Sept. – Dec.)

Course #	Description	Credits

Spring Semester (Jan. – Apr.)

Course #	Description	Credits

Reminder: Please include the following information with your application:

- Letter of intent outlining your educational goals and definite plans for the academic year, current level of education, intended course of studies plans for the school year, and how long it will take you to reach your academic goals. Also, include an outline and course description of the intended courses for the first year of the program of studies.
- Most Recent transcript
- Copy of registration from college or university