## **Mailing Address**

205 Beaver Road Suite #2 Smithers, BC VOJ 2N1

PHONE: 250-847-1477

(Obtained from your bank)



**Location Address** 159 Loop Road Moricetown, BC V0J 2N1

**KYAH WIGET EDUCATION SOCIETY ADULT EDUCATION CENTRE** 

## FAX: 250-847-0165

## **APPLICATION TO UCEP (University and College Preparation Program)**

Dear _		<del>-</del>	Date: September 2025	
Congra	atula	itions on your first step to becoming a student	at the Adult Education (	Centre in Witset. The
applica	ation	process consists of a few steps which need to	be completed.	
1.	Со	mplete the attached application package.		
	a.	Make sure to give your complete signature (First name initial and full last name, e.g., Peter		
		Parker), unless you are requested to initial (First letter of first name and first letter of last		
		name, e.g., PP.		
	b.	Always fill in the date after your signature when requested.		
	c.	Get witnesses to sign when you sign and fill in the date.		
	d.	Complete all forms in black or blue ink.		
	e.	Fill in all the required information.		
	f.	Write clearly and neatly.		
	g.	Keep papers in the same order.		
2.	Su	Submit the following documents with your application by attaching them to the back of the		
	ар	application package and in the correct order.		
	Circle $\forall$ when the document is attached.			
	С	opy of Status Card, Front and Back	٧	х
	R	esume	٧	х
	Т	ranscript or last Report Card	٧	Х
	D	irect Deposit Slip	-1	

3. Fill in the following information before submitting your application package. Full First Name and Last Name Date of Birth: yy/mm/dd **Home Address Mailing Address** Box No., Street & Number, Town, Postal Code **Email Address** Please make sure it is valid and working. Home Telephone Number Cellphone Number SIN Number Status Number Nation and Clan E.g., Wet'suwet'en, Little Frog or Liksilyhu **Emergency Contact** 

4. Add this completed page to the top of your application package and submit to Valerie Angus, coordinator of the Nekwilgi Pre-Employment Program.

Sincerely,

Hildegarde Scholtz

Administrator, Adult Education Centre

First & last name, working home and cell no.