



The girl who became a frog

Kyah Wiget Education Society

205 Beaver Road, Suite 2
Smithers, B.C. V0J 2N1
Ph. (250) 847-2244
Fax. (250) 847-3813

Post Secondary Student Support Program – (PSSP)

Thank you for inquiring about our post secondary student support program (PSS). This program is administered by Kyah Wiget Education Society (KWES), and is available to Witset First Nation members who meet the Post Secondary eligibility requirements. For further information, you may contact the post secondary manager to enquire about education funding, priorities for allocation, types and levels and student responsibilities. If you are interested in attending college or university for September admission, please notify us by **March 31**. All applications will be placed on a priority list; students will be required to submit the following before their file becomes active.

1. Official transcripts from high school, or college, and/or university.
2. A letter outlining reasons for seeking post-secondary sponsorship. Please indicate the following:
 - Name of program name
 - Institute accepted into, and town/city located
 - Dates you will be attending and require sponsorship
 - College / university fees or special supplies (i.e. Nursing uniform, lab jackets, etc)
 - Indicate the type of support you are seeking: Full-time or part-time?
3. Program description and course outline (list of courses required to complete the program)
4. A copy of an acceptance letter from the Public college or university.
5. A completed post-secondary application for sponsorship
6. A copy of a current Witset Status card for the applicant, and each dependent living with student while attending post-secondary.
7. Your signature on the enclosed consent to release / records release form

If you have any questions about your eligibility for sponsorship, please direct your questions to the Project Manager for Post Secondary. It is our sincere hope that your efforts to obtain a post-secondary education is a successful one and that the Kyah Wiget Education Society can play a supporting role in your efforts. Good luck with your studies.

Respectfully,

Priscilla Michell,
Project Manager, Post Secondary



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Post-Secondary Financial Sponsorship Application Confidential When Complete

PERSONAL INFORMATION:

First Name/Middle Initial		Last Name	
Date of Birth		Maiden Name (if applicable)	
Band Number	530	Social Insurance Number	

CURRENT CONTACT INFORMATION:

Mailing Address	
Town/City, Postal Code	
Phone Number	
Email Address	

MARITAL STATUS: Check mark for applicable

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Common-Law	<input type="checkbox"/>	Separated/Divorced	<input type="checkbox"/>
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CURRENT SOURCE OF INCOME: Check mark for applicable

SA	<input type="checkbox"/>	EI	<input type="checkbox"/>	Employed	<input type="checkbox"/>	No Income	<input type="checkbox"/>
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EMPLOYED (if applicable):

Name of your Employer	
Do you plan to continue employment while attending post secondary?	
If yes, how many hours per week?	

SPOUCE INFORMATION (if applicable):

Last Name		First Name	
Social Insurance No.		Employer	
Unemployed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Benefits
			WCB <input type="checkbox"/>
			EI <input type="checkbox"/>

DEPENDENTS: ✓ Check mark appropriate boxes below:

<input type="checkbox"/>	Dependents living with parent full time while attending post secondary
<input type="checkbox"/>	Dependents living with spouse and/or other family while I attend full time post secondary
<input type="checkbox"/>	Dependents are Registered Witsset Band members

LIST DEPENDENTS:

Dependents living with parent while attending post secondary full time:

Note:

- Forward a copy of Status Card, along with this application for each dependent

	DEPENDENTS NAME	DATE OF BIRTH (DD/MM/YYYY)	BAND NUMBER	CHECK
1				
2				
3				
4				

FORMER CHILD IN CARE (Ministry of Children & Families)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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FORMER CHILD IN CARE: *(If applicable)*

Start Date:	<input type="text"/>	End Date:	<input type="text"/>
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TRADITIONAL LINES OF WET'SUWET'EN AUTHORITY:

CLAN		HEREDITARY CHIEF NAME:
LAKSILYU	Small Frog	<input checked="" type="checkbox"/>
LAKSAMSHU	Fireweed	<input type="checkbox"/>
TSAYU	Beaver	<input type="checkbox"/>
GITUMDEN	Bear	<input type="checkbox"/>
GIL_SEYHU	Big Frog	<input type="checkbox"/>

EDUCATION AND TRAINING HISTORY:

Secondary School last attended (High School)			
Grade Level Completed			
Date of Completion			
Location (Town/City)			
Graduation Achievement, check one (✓)	Evergreen		Dogwood

POST SECONDARY HISTORY:

LIST PREVIOUS PROGRAM(S) SPONSORED BY KWES:

Level	Name of Program	Institute	Date Completed
Certificate			
Diploma			
Degree			
Masters			

CURRENT INFORMATION: Post Secondary Applying/Accepted To:

Program Name			
Post Secondary Institute			
Student Number			
Location (Town/City)			
FUNDING: Check below, what you are applying for?			
Full-time		Part-time	

DATES ATTENDING FULL TIME STUDIES: Current Post Secondary Program:

YEAR 1:

Year	Semester	Year	Semester
	FALL (September – December)		SPRING (May – June)
	WINTER (January – April)		SUMMER (July – August)

YEAR 2:

Year	Semester	Year	Semester
	FALL (September – December)		SPRING (May – June)
	WINTER (January – April)		SUMMER (July – August)

YEAR 3:

Year	Semester	Year	Semester
	FALL (September – December)		SPRING (May – June)
	WINTER (January – April)		SUMMER (July – August)

YEAR 4:

Year	Semester	Year	Semester
	FALL (September – December)		SPRING (May – June)
	WINTER (January – April)		SUMMER (July – August)

CURRENT BANKING & STUDENT DECLARATION FORM:

1. All Living Allowance Deposits are provided through direct deposit
2. All students are responsible for submitting a Direct Deposit form completed by your banking institute
3. You may have your banking institute forward the completed direct deposit form either through email to the following:
 - EMAIL (scanned copies): priscilla.michell@kyahwes.ca

All Direct Deposit Forms must include the following information:

- Legal Name of Student
- Current Mailing Address of Student
- Name of Banking Institute
- Branch Number
- Transit Number
- Account Number

**This application must be completed in full with all required documents.
An incomplete application will cause a delay in processing your application.**

STUDENT DECLARATION: Initial each box below to demonstrate understanding

	Student Initials:
I hereby declare that the information given in this document is true	
I understand that the information is subject to verification	
I agree to abide by all the student policies and guidelines	

STUDENT SIGNATURE:

Print Name:	
Student Signature:	
Date:	



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CONSENT TO RELEASE / RECORDS RELEASE FORM

This form is for the current post secondary program. A mandatory form to be considered for funding.
OFFICE USE ONLY: To be completed by Project Manager

Attention:	
Institute:	
Email:	

This form is an authorization for Admission/Registration and/or the First Nations Office at your Institute to release information about the following information

STUDENT INFORMATION:

Student Name:	
Start Date:	
Completion Date:	
Institute Name:	
Program of Study:	
Student Number:	

Authorized Release of Information:	Initials
Course Information, progress reports, grades, attendance, and participation	
Tuition and all student fees	
Official Transcript	
Academic status, including but not limited to expulsion and suspension	
I understand that by withholding any information, may place a HOLD on my funding until all information has been released to the Project Manager	

Student Signature:	Date:

The post secondary institute is granted permission to Invoice KWES for the cost of one official transcript per semester. Any additional copies requested will be the responsibility of the student.

THIRD PARTY: Kyah Wiget Education Society

Attention: Priscilla Michell, Project Manager, Post Secondary

Email: priscilla.michell@kayhwes.ca

Phone: 250-847-2244 ext. 317

Fax: 250-847-3813