



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 as administered by Kyah Wiget Education Society (KWES), is available to Witset First Nation members who meet the Post Secondary eligibility requirements. For further information, you may contact the post secondary counsellor 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. You're official transcripts from high school, college, and/or university.
2. A letter outlining reasons for seeking post-secondary sponsorship. Please indicate the following:
 - Name of program name and current mailing address
 - Dates you will be attending and require sponsorship
 - College / university fees or special supplies (i.e. Nursing uniform, lab jackets, etc)
 - Program description and course outline (list of courses required to complete the program)
3. A copy of an acceptance letter from the Public college / university.
4. A completed post secondary application for sponsorship
5. A copy of a current Witset Status card for the applicant, and each dependent living with student while attending post secondary full time.
6. Your signature on the enclosed consent to release / records release form

Original applications must be submitted for the student file. Kyah Wiget Education Society will not accept applications through fax or email.

If you have any questions about your eligibility for sponsorship, please direct your questions to the Post Secondary Counsellor. 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,
Post Secondary Counsellor



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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 | |
| Home Number | |
| Cell Number | |
| Email Address | |

MARITAL STATUS: ✓ Check mark for each applicable

| | | | | | | | |
|--------|--|---------|--|------------|--|----------------|--|
| Single | | Married | | Common-Law | | Working Spouse | |
|--------|--|---------|--|------------|--|----------------|--|

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 Witset Band members |

LIST DEPENDENTS: ✓ Check dependents living with parent while attending full time:

| | DEPENDENTS NAME | DATE OF BIRTH (DD/MM/YYYY) | BAND NUMBER | CHECK |
|---|-----------------|----------------------------|-------------|-------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

TRADITIONAL LINES OF WET'SUWET'EN AUTHORITY:

| | | | |
|------|--|-------------|--|
| CLAN | | HOUSE CHIEF | |
|------|--|-------------|--|

SUPPORTING INFORMATION, EDUCATION HISTORY:

| | | | |
|--------------------------------|-----------|--|---------|
| Secondary School last attended | | | |
| Grade Level Completed | | | |
| School Location (Town/City) | | | |
| Graduation Achievement | Evergreen | | Dogwood |

POST SECONDARY HISTORY: LIST PREVIOUS PROGRAMS SPONSORED BY KWES:

| Level | Name of Program | Institute | Date Completed |
|-------------|-----------------|-----------|----------------|
| Certificate | | | |
| Diploma | | | |
| Degree | | | |
| Masters | | | |

POST SECONDARY INSTITUTE CURRENTLY APPLYING TO:

| | | | |
|--------------------------|--|-----------|--|
| Program Name | | | |
| Post Secondary Institute | | | |
| Location (Town/City) | | | |
| Full-time | | Part-time | |

Applicant: Check applicable

Program Applying to: Check applicable

| | Status | Level | |
|--|--|------------------|--|
| | New applicant, never sponsored by KWES | UCEP (Upgrading) | |
| | Returning student, currently sponsored full time | Certificate | |
| | Former Funded Student, and re-applying | Diploma | |
| | | Degree | |
| | | Other: | |

DATES ATTENDING FULL TIME STUDIES: Include each year applicable to current 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 INFORMATION:

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. For your convenience, you may have your banking institute forward the completed direct deposit form either through fax or scan and email to the following
 - FAX: 250 – 847 – 3813
 - 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

| | |
|--|--|
| 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 INFORMATION: To be completed by Post Secondary Counsellor

| | |
|------------|--|
| Attention: | |
| Institute: | |
| Fax/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 Post Secondary Counsellor | |

| | |
|---------------------------|--------------|
| 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, Post Secondary Counsellor

Email: priscilla.michell@kayhwes.ca

Phone: 250-847-2244 ext. 317

Fax: 250-847-3813