



2025/2026

Xats'ul Education Department  
3405 Mountain House Road  
Williams Lake, BC V2G 5L5  
Phone: 250-989-2355 Ext. 112  
Fax: 250-989-2301 and Email: [education@xatsull.com](mailto:education@xatsull.com)

## Post-Secondary Student Assistance Program Application for Sponsorship

### Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City Province Postal Code

Home Phone: \_\_\_\_\_ Message: \_\_\_\_\_

Email: \_\_\_\_\_

Band Number: **716** Date of Birth (d/m/y) \_\_\_\_\_

Bank: \_\_\_\_\_ Account Information: \_\_\_\_\_

Marital Status: ☐ Single ☐ Common-law ☐ Married

Is Spouse employed? ☐ Yes ☐ No ☐ Not applicable

Dependent(s) Name(s) Dependent(s) Age(s) / Birth date(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Program Information

Program: \_\_\_\_\_ Co-Op / Placement / Practicum: ☐ Yes ☐ No ☐ Not applicable

Program Start Date: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Term Start Date \_\_\_\_\_ Term Finish Date \_\_\_\_\_

Program Type: \_\_\_\_\_

College: ☐ Certificate ☐ Diploma Professional Development: \_\_\_\_\_

University: ☐ Bachelor ☐ Master  
☐ Philosophiae Doctor (PHD)  
☐ Other

Post-Secondary Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

## Education Plan

*Please outline or attach your educational Plan for studies, including program structure and courses:*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please attach a **“Letter of Acceptance,”** and/or confirmation of registration from the school you plan on attending.

**OR**

☐ Awaiting Response ☐ Expected date of Notification

Also, attach a list of all corresponding "Program Fees," as outlined in the academic calendar of the Post-Secondary Institution. Finally, include a budget of expected expenditures (see attached form).

### Academic History

School Name	Location	Dates Attended	Achievement	Sponsored by (Xats'ull)?
		From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach "**Official Transcripts**," (or an official letter of grades) for each school attended. You are responsible for transcript costs. Check with the Xats'ull Education Manager if you are unsure. **OR**

☐ On File at Education Office

Has any school ever placed you on academic Probation? ☐ Yes ☐ No

If yes, please explain

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Has the Xats'ull Education Department ever placed you on sponsorship probation? ☐ Yes ☐ No

If yes, please explain

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**Background Information**

Please check the steps you have already taken to attend your program of choice:

- ☐ Research the program (school, structure, dates, fees, location etc);
- ☐ Applied to program;
- ☐ Spoken to an education/academic advisor;
- ☐ Completed an education / academic plan;
- ☐ Completed pre-requisite courses (upgrading, program entry courses, etc.)
- ☐ Partial Completion of Program
- ☐ Completed Associated program:    ☐ Certificate    ☐ Diploma    ☐ Professional Training    ☐ Degree
- ☐ Other: \_\_\_\_\_

Please describe your reasons for choosing this program:

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Please list all other sources of funding you have applied for and the status of your application:

Funding Source Applied to	Date of Application	Amount Applied for	Amount Funded/Pending/Rejected

**Masters and PhD Students:**

Please submit a "Letter of Intent," regarding your proposed area of study (research/thesis/project) of 1000 words. Also, include updated Curriculum vitae outlining your previous education, work experience and any other experience or information relevant to your proposed area of study.

Name: \_\_\_\_\_ Advisor: \_\_\_\_\_

Certificate/Diploma/Degree: \_\_\_\_\_ Credits Needed: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**2025/26 Post-Secondary Student Assistance Program Application for Sponsorship**

**Household Income and Expense Form – Please report in MONTHLY amounts**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>All Income (Working/SA/EI)</b>		<b>SAVINGS</b>	
Income (Self)		Emergency Fund	
Income (Significant other)		Transfer to Savings	
Income (Other)		Retirement	
Gifts Received		Investments	
Refunds/Reimbursements		College	
Transfer from Savings		Other	
Other		<b>Total SAVINGS</b>	
<b>Total INCOME</b>			
		<b>OBLIGATIONS</b>	
<b>HOME EXPENSES</b>		Student Loan	
Mortgage/Rent		Other Loan	
Hydro		Credit Card #1	
Gas/Oil		Credit Card #2	
Phone		Credit Card #3	
Cable/Satellite		Alimony/Child Care	
Internet		Federal Taxes	
Furnishings/Appliances		Legal Fees	
Vehicle Expense(s)		Other	
Home Supplies		<b>Total OBLIGATIONS</b>	
Maintenance			
Improvements		<b>BUSINESS EXPENSE</b>	
Other		Deductible Expenses	
<b>Total HOME EXPENSES</b>		Non-Deductible Expenses	
		<b>Total BUSINESS EXPENSE</b>	
<b>DAILY LIVING</b>			
Groceries			
Personal Supplies			
Clothing			
Dining/Eating Out		<b>Monthly Budget Summary</b>	
Dry Cleaning		Total Income	
Salon/Barber		Total Expenses	
Discretionary		<b>Balance</b>	
<b>Total DAILY LIVING</b>			

# 2025/26 Post-Secondary Student Assistance Program Application for Sponsorship

Year:

____ Semester		
Course	Cost	Credit
TOTAL	\$	

Year:

____ Semester		
Course	Cost	Credit
TOTAL	\$	

____ Semester		
Course	Cost	Credit
TOTAL	\$	

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Course	Cost	Credit
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TOTAL	\$	

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TOTAL	\$	

Year:

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Course	Cost	Credit
TOTAL	\$	

Year:

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Course	Cost	Credit
TOTAL	\$	

____ Semester		
Course	Cost	Credit
TOTAL	\$	

____ Semester		
Course	Cost	Credit
TOTAL	\$	



## Post-Secondary Terms of Sponsorship

*The Xatsùll Education Department is pleased to assist you with your education. The terms of sponsorship must be understood and agreed to by the student before funding can be approved. The terms are:*

1. The student must fully complete the application for sponsorship, including the provision of all supporting documentation and information release forms according to application deadlines.
2. The student agrees to immediately notify the Xatsùll Education Department of any changes in personal or program information.
3. The student agrees to attend classes on a regular basis, since continued absences could result in program failure and suspended or canceled sponsorship.
4. First year students agree to complete a course in study skills and time management.
5. The student agrees to maintain full-time status at the attending institution. (Check program calendar for course load specifics.) **If a course is dropped, the student must inform the Xatsùll Education Manager immediately.**
6. The student agrees to complete all sponsored courses, practicum and programs in the time allotted as a full-time student. College preparation (UCEP) will be funded for one year only.
7. The student agrees to submit a signed mid-semester evaluation form for each course as soon as grades are available. (See attached mid-semester evaluation form.)
8. The student acknowledges application deadlines:
  - **Second Friday in May annually** (Students that are sponsored are still required to complete an application annually)
9. The student must submit, at their expense, and “**Official Transcript of Grades**,” for completed courses:
  - September – December grades by **January 31**;
  - January – April grades by **May 15**;
  - May – June grades by **July 15**; and
  - July – August grades by **September 15**.
10. The student agrees to submit a 500 – word summary of each semester for their student file.
11. Graduating students agree to submit a color photocopy of their certificate, diploma, degree or other document of each semester for their student file.
12. The student agrees to apply for sponsorship on an annual basis.

I understand and agree to the sponsorship terms outlined above. I understand that failure to meet these terms and requirements may result in suspended or cancelled sponsorship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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**Application Checklist**

Please submit this completed checklist and the supporting documents with your application:

- ☐ Completed Application Form;
- ☐ Copy of Indian Status Card;
- ☐ Signed and dated Terms of Sponsorship/Student Declaration;
- ☐ Signed and dated Student Information Release of Form;
- ☐ Letter of Acceptance/Confirmation of Registration (OR Expected date of notification \_\_\_\_\_);
- ☐ List of Program Fees;
- ☐ Official Transcripts from all schools attended;
- ☐ Education Plan (if separate from application);
- ☐ Autobiographical Sketch (if separate from application);
- ☐ Letter of Intent (Masters and PHD students only);
- ☐ Curriculum Vitae (Masters and PHD students only).

*Thank you for applying to the Xatsùll Education Department for financial assistance. Although, we make every effort to assist all students with sponsorship, funding is extremely limited. Students are selected based on the quality of applications, deadlines and priority criteria outlined in the Xatsùll Post-Secondary Student Assistance Program Policies and Procedures. We encourage all students to apply early for sponsorship, as well as for additional funding from other sources. If you have any questions or difficulty with this application or its process, please contact the Xatsùll Education Manager for assistance. Good luck and all the best to you!*

## 2025/26 Post-Secondary Student Assistance Program Application for Sponsorship

### Student Information Release Form

Student Name: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

I hereby authorize the Xat'sūll Education Manager to obtain student information regarding my academic status from the above name institution. This includes inquiries regarding attendance, fees, academic planning, and any other pertinent student information. I authorize the Xat'sūll Education Manager to contact appropriate school officials for copies of my records and status as needed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Consent to Release of Information

I, \_\_\_\_\_ Family Number and Band Name \_\_\_\_\_

Consent to release information \_\_\_\_\_

of information concerning \_\_\_\_\_

to the under-noted Administering Authority for the purpose of sharing information within the departments of Xat'sūll.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Xat'sūll Education Department will use information provided by the above-named Department or individual for the sole purpose of internal concerns regarding distributing information for \_\_\_\_\_.

\_\_\_\_\_  
Administrative Authority

\_\_\_\_\_  
Date

**Mid-Semester Student Evaluation**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Course Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

The above name student is registered in my class and has completed a mid-semester evaluation/exam as follows:

Mid-Term Grade: \_\_\_\_\_

(Worth \_\_\_\_\_ % of overall mark)

Other: \_\_\_\_\_

Comments

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\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Contact Number/Information

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Student Signature

\_\_\_\_\_

Date

Follow Up Required: