



2025/2026

Xats'ull 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

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: _____

Academic History

School Name	Location	Dates Attended	Achievement	Sponsored by (Xatsúll)?
		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 Xatsúll 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 _____

Has the Xatsull Education Department ever placed you on sponsorship probation? Yes No

If yes, please explain _____

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:

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: _____

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

Applicant Name: _____ Date: _____

All Income (Working/SA/EI)		SAVINGS	
Income (Self)		Emergency Fund	
Income (Significant other)		Transfer to Savings	
Income (Other)		Retirement	
Gifts Received		Investments	
Refunds/Reimbursements		College	
Transfer from Savings		Other	
Other		Total SAVINGS	
Total INCOME			
		OBLIGATIONS	
HOME EXPENSES		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		Total OBLIGATIONS	
Maintenance			
Improvements		BUSINESS EXPENSE	
Other		Deductible Expenses	
Total HOME EXPENSES		Non-Deductible Expenses	
		Total BUSINESS EXPENSE	
DAILY LIVING			
Groceries			
Personal Supplies			
Clothing			
Dining/Eating Out		Monthly Budget Summary	
Dry Cleaning		Total Income	
Salon/Barber		Total Expenses	
Discretionary		Balance	
Total DAILY LIVING			

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Year:

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

Year:

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

Year:

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

Year:

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

_____ Semester		
Course	Cost	Credit
TOTAL	\$	

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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 Xatsūll 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 Xatsūll 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 Xatsūll Education Manager for assistance. Good luck and all the best to you!

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Student Information Release Form

Student Name: _____

Institution Name: _____

Student Number: _____

I hereby authorize the Xatsūll 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 Xatsūll 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 Xatsūll.

Signature of Applicant

Date

The Xatsūll 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

Instructor Signature

Contact Number/Information

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Payment Information

On approval for Post-Secondary funding please provide the following for monthly post-secondary living allowance payment:

Banking Information:

Bank Type of Account Transit and Account Number

Or Mailing Address:

Three horizontal lines for mailing address input.

Or Please allow my cheque to be picked up by:

Horizontal line for name input.

Student Signature Date

Office Use Only: Please do not complete this section

Date Received: Application #:

Signature: Witness:

Application Cycle for:

- September to December January to April May to July July to August

NOTES: Four horizontal lines for notes.

Tuition: \$ Acceptance Letter: Application Complete: Direct Deposit: Living: \$ Transcript(s): Sponsorship: Travel: \$ UCEP Student:

Decision Made: Approved Rejected Pending Date Meeting:

Follow Up Required: