

2026/2027 Post-Secondary Student Assistance Program Application for Sponsorship



2026 / 2027

Xatsull Education Department
3405 Mountain House Road
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Post-Secondary Student Assistance Program Application for Sponsorship

Applicant Information

Full Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address) (Apartment/Unit#)

(City) (Province) (Postal Code)

Home Phone: _____ Cell Phone: _____

Email: _____

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

Marital Status: ☐ Single ☐ Common-law ☐ Married

Spouses Employment Status: ☐ Employed ☐ Unemployed ☐ Not Applicable

Dependent(s) Name(s):

Age(s) / Birth Date(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Program Information

Program / Major: _____

Program Start Date: _____ Expected Graduation Date: _____

Co-Op / Placement / Practicum: ☐ Yes ☐ No ☐ Not Applicable

School Year Start Date: _____ School Year End Date: _____

Program Type: ☐ Certificate ☐ Diploma ☐ Bachelor ☐ Master
☐ Philosophiae Doctor (PHD) ☐ Other

Post-Secondary Institution: _____

Department: _____

Address: _____
(Street Address) (Apartment/Unit#)

(City) (Province) (Postal Code)

Phone: _____

Attach a “**Letter of Acceptance**” and/or confirmation of registration from the institution
OR

☐ Awaiting Response Expected date of notification (d/m/y): _____

Attach a blank sponsorship form from the institution.

Background Information

Have you met with an Academic Advisor? ☐ Yes ☐ No

If no, expected date: _____

Please attach a “**program calendar**” (course numbers with year levels) **OR**

List of required courses for program completion **OR**

☐ On file at Xatsúll Education Department

Have you been sponsored by Xatsúll before? ☐ Yes ☐ No

If yes, what years? _____

Will you be taking UCEP courses? ☐ Yes ☐ No

Have you taken UCEP courses while receiving funding from Xatsúll? ☐ Yes ☐ No

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

If yes, please explain _____

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

If yes, please explain _____

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 of Advisor: _____

Degree: _____ Credits Needed: _____

Start Date: _____ End Date: _____

Course and Ancillary Costs

***Note:** Students must opt out of institution provided medical and dental if they are receiving medical and dental from FNHA (blue cross). Students must also opt out of the gym pass if possible.

Fall Semester (Sep – Dec) 2026

Course / Lab / Practicum	Cost	Credits
Ancillary Fees		

Would you like a gym pass?

☐ Yes Cost _____

Explain need: _____

Do you need a bus pass (if not a part of ancillary fees)?

☐ Yes Cost _____

Winter Semester (Jan – April) 2027

Course / Lab / Practicum	Cost	Credits
Ancillary Fees		

Would you like a gym pass?

☐ Yes Cost _____

Explain need: _____

Do you need a bus pass (if not a part of ancillary fees)?

☐ Yes Cost _____

Spring/Summer Semester(s) (May – August) 2027

Course / Lab / Practicum	Cost	Credits
Ancillary Fees		

Would you like a gym pass?

☐ Yes Cost _____

Explain need: _____

Do you need a bus pass (if not a part of ancillary fees)?

☐ Yes Cost _____

Household Income and Expense

Are you applying for Living Allowance? ☐ Yes ☐ No

Complete the following (in monthly amounts):

ALL INCOME (Working/SA/EI)	\$/Month	SAVINGS	\$/Month
Income (self)		Emergency Fund	
Income (spouse)		Investments	
Income (other)		College	
Bursaries		Other	
Gifts		Total Savings	
Other			
Total Income		OBLIGATIONS	
		Student Loan	
HOME EXPENSES		Other Loan	
Mortgage / Rent		Credit Card #1	
Hydro		Credit Card #2	
Gas / Oil		Credit Card #3	
Phone		Alimony / Child Care	
Cable / Satellite		Federal Taxes	
Internet		Legal Fees	
Furnishings / Appliances		Other	
Vehicle Expense(s)		Total Obligations	
Home Supplies			
Maintenance		BUSINESS EXPENSE	
Improvements		Deductible Expenses	
Other		Non-Deductible Expenses	
Total Home Expenses		Total Business Expense	
DAILY LIVING		MONTHLY BUDGET SUMMARY	
Groceries		Total Income	
Dining / Eating Out		Total Expense	
Personal Supplies		Balance	
Clothing			
Dry Cleaning			
Salon / Barber			
Discretionary			
Total Daily Living			

Post-Secondary Terms of Sponsorship

The Xatsūll 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 Xatsūll 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 Xatsūll 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 must submit a “**Transcript of Grades**,” for completed courses:
 - September – December grades by **January 31**
 - January – April grades by **May 15**
 - May – June grades by **July 15**
 - July – August grades by **September 15**.
8. Graduating students agree to submit a photocopy of their certificate, diploma, degree, or other document confirming completion.
9. The student agrees to apply for sponsorship on an annual basis.
10. The student acknowledges the application deadline:
 - **Second Friday in May annually** (Students that are sponsored are still required to complete an application annually)

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. ☐ I Agree

Signature: _____

Date: _____

Student Information Release

Student Name: _____

Institution Name: _____

Student Number: _____

Date: _____

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

Consent to Release Information

I, _____ Status Number _____, authorize the release of my education status, related personal details, and funding information to the Administrative Authority named below. This information may be shared within the departments of Xat'sùll First Nation for the sole purpose of internal concerns regarding the distribution of information for sponsorship purposes outlined in the Xat'sùll First Nation Post-Secondary Policy and Procedures.

Administrative Authority Name: _____

Signature: _____

Date: _____

Student Name: _____

Signature: _____

Date: _____

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: _____

Or

Please allow my cheque to be picked up by:

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: _____

Tuition: _____	Acceptance Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Books: _____	Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Living: _____	Transcript(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Travel: _____	UCEP Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Decision Made: ☐ Approved ☐ Denied ☐ Pending Date Meeting: _____

Follow Up Required: _____

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 is true and 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 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.

I understand that funds are limited, and there are maximums for tuition and living allowance. I also understand that due to limited funds, maximums are not guaranteed, and I may receive funding in part or none. All the information regarding tuition and living cost is accurate to the best of my knowledge, and all my funding needs are listed. I acknowledge that any additional costs outside of what is approved, including unforeseen costs are my sole responsibility as the applicant.

Signature: _____

Date: _____

Application Checklist

Complete the following check list and submit the supporting documents with your application:

- ☐ Completed Application Form.
- ☐ Copy of Indian Status Card.
- ☐ Read, Signed, and Dated Terms of Sponsorship / Student Declaration.
- ☐ Read Through the Post Secondary Policy and Procedures Document.
- ☐ Signed and Dated Student Information Release Form.
- ☐ Letter of Acceptance / Confirmation of Registration (OR expected _____).
- ☐ Blank Sponsorship Form from Institution.
- ☐ Academic Calendar or List of Required Courses for Program Completion (OR on file at education).
- ☐ Met with Academic Advisor (OR expected date _____).
- ☐ Transcripts of Previously Completed Course Requirements (OR on file at education).
- ☐ 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 limited. Students are selected on the quality of applications, deadlines, and priority criteria outlined in the Xatsùll First Nation Post-Secondary Policy and Procedures. We encourage all students to apply early for sponsorship, as well as for additional funding from other sources (e.g. bursaries). If you have any questions or difficulty with this application or its process, please contact the Xatsùll Education Coordinator for assistance. All the best in your educational pursuit!