



2026 / 2027

Xatsull Education Department  
3405 Mountain House Road  
Williams Lake, V2G 5L5  
Phone: 250-989-2323 Ext. 151  
Fax: 250-989-2301 and Email: edcoord@xatsull.com

## 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):

<b>ALL INCOME (Working/SA/EI)</b>	<b>\$/Month</b>	<b>SAVINGS</b>	<b>\$/Month</b>
Income (self)		Emergency Fund	
Income (spouse)		Investments	
Income (other)		College	
Bursaries		Other	
Gifts		<b>Total Savings</b>	
Other			
<b>Total Income</b>		<b>OBLIGATIONS</b>	
		Student Loan	
<b>HOME EXPENSES</b>		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)		<b>Total Obligations</b>	
Home Supplies			
Maintenance		<b>BUSINESS EXPENSE</b>	
Improvements		Deductible Expenses	
Other		Non-Deductible Expenses	
<b>Total Home Expenses</b>		<b>Total Business Expense</b>	
<b>DAILY LIVING</b>		<b>MONTHLY BUDGET SUMMARY</b>	
Groceries		Total Income	
Dining / Eating Out		Total Expense	
Personal Supplies		<b>Balance</b>	
Clothing			
Dry Cleaning			
Salon / Barber			
Discretionary			
<b>Total Daily Living</b>			

### 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 Xatsūll 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 Xatsūll First Nation Education Coordinator and Director of Education to contact appropriate school officials for copies of my records and status as needed.

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

**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 Xatsūll First Nation for the sole purpose of internal concerns regarding the distribution of information for sponsorship purposes outlined in the Xatsūll First Nation Post-Secondary Policy and Procedures.

Administrative Authority Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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 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!*