



Xats'ull  
3405 Mountain House Rd.  
Williams Lake, BC V2G 5L5

## Xats'ull Education Assistance Application (EAA)

### A. Purpose of this Funding

To provide financial assistance to registered Xats'ull members that are committed to furthering their education/training program (formal/personal growth), and/or taking part in an activity related to their personal well-being and/or that of the community.

- Special consideration will be given to applications for trades training, or other related fields; and,
- Preference will be given to applicants not receiving full-time post-secondary funding.

### Activities may include:

1. Upgrading – Adult Education Programs  
Tuition; books; supplies and incentive
2. Vocational & Skills Training Program  
Tuition; books; supplies and incentive
3. Field trips (including cultural exchange programs) transportation, accommodation, food – up to a maximum of \$200.00
4. Graduation expenses from high school and Post-Secondary institutions up to a maximum of \$250.00
5. School supplies for children of Post-Secondary students, who **must** leave the Williams Lake area to further their education {\$100.00 per student per year}
6. Education committee conference and training expenses to a maximum of \$600.00/year.
7. Educational support such as tutoring, short term classes, equipment and supplies.
8. Personal growth (e.g. Self-Awareness Programs, Parenting Skills, Cultural Awareness)
9. Extracurricular activities (e.g. clubs, sports and recreation)

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All successful applicants will provide a written/visual report of their specified funded activity to the Xatsūll Education Committee and may be requested to share this report with the community.

## **B. Application for Funding**

Applications for funding will be accessible through the Education Department and accepted on an on-going basis by the secretary/receptionist at Xatsūll.

Completed applications will include:

- 1.) Application
- 2.) Signed Applicant Information Release Form
- 3.) Signed Consent to Release Information
- 4.) Household Income & Expense Form
- 5.) Background Information on Program Costs

All applicants must be willing to volunteer for community services; Xatsūll Education Manager will assist in identifying and overseeing the community service work; and whenever possible, service hours will be in an area reflecting the funded training/or skills development.

Applications for education assistance must be submitted at least one month before the activity start date, and at least one week prior to the next scheduled Xatsūll Education Committee meeting date, in order to be considered for funding.

Late applications may be reviewed at the next scheduled Xatsūll Education Committee meeting, provided the program start date is not after the meeting date.

Applications will be date stamped and submitted to the Xatsūll Education Manager for verification of eligibility and completeness of application; if incomplete, Xatsūll Education Manager will work with applicant to complete application, for consideration by the Xatsūll Education Committee at the next Xatsūll Education Committee meeting.

The Xatsūll Education Committee will review eligible applications and make the decision to fund in whole or in part; according to the Xatsūll Education Committee Terms of Reference; education assistance funding purposes; the applicant's commitment to completing funded activity and reporting and available funding.

All applicants will be notified by the Xatsūll Education Manager, of the Xatsūll Education Committee's decision within 5 working days of the decision being made.

Applicants are limited to accessing education assistance once per year.

## **C. Meeting Dates:**

Xatsūll Education Committee meets on a monthly basis. Please request exact date(s). It is the responsibility of the applicant to ensure all necessary information is received by

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the Xat'sūll Education Manager, one week prior to the Xat'sūll Education Committee meeting date, and at least one month before the program start date.

### **D. Appeals**

A letter of appeal may be submitted to the Xat'sūll Education Manager, who will set-up a meeting date and time with the applicant to discuss their appeal with the Xat'sūll Education Committee.

Further appeals will be directed to Xat'sūll Chief and Council by the Xat'sūll Education Manager through the Band Administrator.

### **E. Funding Allocations**

Based on available funding, funding will be provided for eligible expenses:

- a) directly to the applicant's specified provider of education/training program or activity, and/or
- b) reimbursed to applicant upon provision of original receipts.

***Funding will only be provided for activities approved for, in writing by the Xat'sūll Education Committee.***

### **F. Confirmation of Activities**

All applicants that receive education assistance funding will submit receipts and written/visual reports to the Xat'sūll Education Manager within 5 working days of completion of funded activity.

### **Xat'sūll Education Committee:**

Xat'sūll Education Committee of up to Five (5) Members, appointed by the Xat'sūll Education Committee to provide a consultative forum that will effectively address education funding applications received by Education Department with particular reference to the requirements of the Education Department funding arrangements; [e.g. Indigenous Services Canada (ISC); Spectra Energy Education Assistance (SEEA), Mount Polley Education Assistance (MPEA) and Gibraltar Education Assistance (GEA)].

### **Lack of Xat'sūll Education Committee Membership/ Quorum**

In the event that the Xat'sūll Education Committee does not have at least three (3) members appointed to the committee, or is unable to attain a quorum; a regularly scheduled committee meeting may be held using alternate decision makers, pre-appointed by Xat'sūll Education Committee. These alternates may include, but not limited to:

- a. A recognized elder (55+ years) of the community;
- b. An elected council member
- c. The Band Administrator
- d. A staff person in a management role
- e. A recognized youth (aged 18 – 29 years) of the community

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Education Manager  
Phone: 250-989-2323 ext. 104  
Email: [educationmanager@xatsull.com](mailto:educationmanager@xatsull.com)

Full Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address Apartment #  
\_\_\_\_\_ City Province Postal Code

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Message #: \_\_\_\_\_ Email: \_\_\_\_\_

Status # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Xatsull Band Number dd/mm/yyyy

Marital Status: Single  Married/Common Law  Is spouse employed? Yes:  No:

Dependent(s) Name:	Age(s)	Birth Date(s) dd/mm/yyyy
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Funding Application for:

Education:  Training:  Personal Growth:  Activity:

Specify Program: \_\_\_\_\_

Program Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to: \_\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

School/Company: \_\_\_\_\_  
Full name of school or company providing specified program

Address: \_\_\_\_\_  
Street Address Apartment #  
\_\_\_\_\_ City Province Postal Code

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Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Total Cost of Program (tuition/registration/books/supplies/living/travel etc.): \$ \_\_\_\_\_

Less Other Contribution(s) (bursaries/scholarships/family etc.): \$ \_\_\_\_\_

Less Personal Contribution(s) (cash/equipment/supplies/travel etc.): \$ \_\_\_\_\_

Amount Applying for (requested support from SCIB-EAP): \$ \_\_\_\_\_

**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 results:**

Funding Source Applied to	Date of Application	Amount applied for	Funded \$ _____ /Rejected/Pending

**Please outline your plan for completing program applied for; including program structure and courses.**

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Please attach 'Letter of Acceptance', and/or confirmation of registration from the School/Company providing program; or,

Awaiting Response:  Expected date of Notification: \_\_\_\_\_  
dd/mm/yyyy

## Reporting process:

Written and/or visual summary of activity to be submitted to the Xatsūll Education Committee and may be published in the Fraser River Run.

Date final report will be available: \_\_\_\_\_  
dd/mm/yyyy

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yyyy

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Program Application For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yyyy

Application Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yyyy

Xatsūll Education Committee Meeting: Location: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yyyy

**Decision:** Approved:  Denied:  Conditional Approval:

Rational: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All decisions must have agreement of at least three (3) Xatsūll Education Committee members.

\_\_\_\_\_  
Xatsūll Education Committee Member Signature Date: \_\_\_\_\_  
dd/mm/yyyy

\_\_\_\_\_  
Xatsūll Education Committee Member Signature Date: \_\_\_\_\_  
dd/mm/yyyy

\_\_\_\_\_  
Xatsūll Education Committee Member Signature Date: \_\_\_\_\_  
dd/mm/yyyy

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*\*If 5 members on committee.*

\_\_\_\_\_ Date: \_\_\_\_\_  
Xatsūll Education Committee Member Signature dd/mm/yyyy

\_\_\_\_\_ Date: \_\_\_\_\_  
Xatsūll Education Committee Member Signature dd/mm/yyyy

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## Applicant Information Release Form

Applicant Name: \_\_\_\_\_  
Institution Name: \_\_\_\_\_  
Identification Number: \_\_\_\_\_

I hereby authorize the Xatsūll Education Manager, \_\_\_\_\_ to obtain information regarding my application and/or academic status from the above-named institution. This includes inquires regarding acceptance into the program that funding is being applied for and/or attendance, fees, academic planning and any other pertinent student information. I authorize the Xatsūll Education Manager to contact; appropriate officials for copies of my records and status as needed.

\_\_\_\_\_  
Applicant/Student Signature

\_\_\_\_\_  
Date

## Consent to Release of Information

I, \_\_\_\_\_, Xatsūll Band number **716** \_\_\_\_\_  
(Print Full Name) (7 numbers)  
hereby consent to the release of personal and financial information to the Xatsūll, Education Manager by the following Xatsūll Departments:

- Social Assistance
- Housing
- Finance

For the purpose of confirming information provided by me, \_\_\_\_\_  
in this Education Assistance Application for \_\_\_\_\_, and to  
determine my eligibility for funding. (Print purpose of application)

\_\_\_\_\_  
Applicant/Student Signature

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

I, \_\_\_\_\_, Xatsūll Education Manager, respect the above-named  
Print Xatsūll Education Manager's name  
applicant's right to privacy and will only use the information accessed through this release for the expressed purposes of the release of information.

\_\_\_\_\_  
Xatsūll Education Manager's Signature

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



# Xatsúll Education Assistance Application

Household Income and Expense Form

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

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