

**LOWER KOOTENAY BAND EDUCATION**  
**APPLICATION FOR POST SECONDARY SPONSORSHIP**

**Please print clearly**

**Contact Information:**

Last Name: _____	First Name: _____
Birthdate (day/Month/Year): _____ Status #: _____	
Phone #: _____	Mobile #: _____
What email can I contact you at: _____	
Mailing address: _____	Street Address _____
_____	(If different from mailing address): _____
_____	_____
Do you live? <input type="checkbox"/> On-Reserve <input type="checkbox"/> Off-Reserve <input type="checkbox"/> Within the Ktunaxa Territory	

**Institution & Program Information:**

Institution Name: _____	
Institution Address: _____	
Institution Type: <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other i.e. Distance Ed: _____	
Program/Course Name: _____	
Length of program: _____	Start Date: _____ End Date: _____
Are you attending? <input type="checkbox"/> Full-Time    # of Courses taken: _____ <input type="checkbox"/> Part-Time    # of Courses taken: _____	
What will you achieve at the end of this program? <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other: _____	
Degree/Diploma title i.e. Bachelor of...: _____	Is this a University/College Preparation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been sponsored before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, for what program?	
Did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what did you receive (choose all that apply, use space provided)?			
	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelors		
	<input type="checkbox"/> Certificate	<input type="checkbox"/> Other:		

**Household Information:**

<input type="checkbox"/> Single	<input type="checkbox"/> Married/Living Common law	If Married or living common law, is your spouse employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any dependents?		<input type="checkbox"/> Yes <input type="checkbox"/> No	# of dependents:

**Budget Information (please complete)**

Budget Worksheet for Post-Secondary Students	
A) INCOME	Monthly
From PSLA (sponsorship)	
From Parents/Family (if applicable)	
From Employment (if applicable)	
Miscellaneous (Scholarships, grants etc; if applicable)	
<b>Total Income (Add all of A)</b>	
B) FIXED EXPENSES	
Tuition & Fees	
Books & Supplies	
*Rent/Housing include Residence/Dorm fees	
Food include Residence/Dorm meal plan	
Utilities	
Telephone/Cell Phone	
Loan payments (if applicable)	
Car Payment (this may be public transportation)	
Car Insurance/Registration (may be bus pass)	
Internet/Cable	
Other	
<b>Total Fixed Expenses (Add all of B)</b>	
C) FLEXIBLE EXPENSES	
Eating out at restaurants	
Clothing	
Entertainment	
Public Transportation (may be added to fixed)	
<b>Total Flexible Expenses (Add all of C)</b>	
<b>Monthly outlook (Income (A) – Expenses (B)(C)=</b>	
*rental receipt may be required	

Will you be living in residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will you need a meal plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be renting a place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be living with parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information in this sponsorship application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to accept my application.

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

Received by LKB Education Support Worker: \_\_\_\_\_ Date: \_\_\_\_\_