



LAX KW'ALAAMS BUSINESS DEVELOPMENT

100 1ST AVE EAST PRINCE RUPERT BC V8J 1A6

PH: 250-627-5733 FAX: 250-627-5933

DOCUMENT CHECK LIST:

- Completed application form, including program/course start and end dates, signed by self & witness
- Written letter of intent (one-page letter stating your career goals and why you'd like to take this training program)
- Copy of your updated resume
- Copy of Status Card for self & dependents
- Copy of certificates if previously funded by Lax Kw'alaams Business Development
- Acceptance letter from the educational institution, including contact information for institute (mailing address, phone #, fax #, email)
- Copy of recent transcripts
- Cost-share letter (if another agency is funding and /or if the tuition is over \$5,000 (which is the maximum for the school year))

All of the above information & documentation is required with the application and is used to determine funding, so be sure to submit a complete application.

Basic Student Information

Date: _____

Name: _____ Phone: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Join the training/employment email list: Y/N

Band Registration Number: 6740 _____ Birth Date: _____

Marital Status: Married / Common Law / Single

Next of Kin Name _____ Phone # _____

Address: _____

Applicant employment status: _____ EI: Y/N SA: Y/N

Spouse employment status: _____ EI: Y/N SA: Y/N

Children's Names/Ages: _____

Program/Course and Institute Information:

Institute Name: _____ Contact Person: _____

Address: _____ Email: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Program/Course Name: _____

Start Date: _____ End Date: _____

Program/Course Cost

Tuition: _____ Books: _____ Supplies: _____

Do you require training allowance? _____

Do you require travel support? _____

Briefly explain why you want to take this program/course?

Have you applied to other funding sources? Y/N Funding source:

Training Support Program
Agreement Between the Lax Kw'alaams Business Development Ltd.
and the Following Student: _____ (print name)

As a student being funded by the Lax Kw'alaams Business Development Ltd., I respectfully agree to the following conditions for funding received under the training support program for the school year _____.

1. I understand that I must attend all the classes and be on time. I realize that this is a short term program/course and that I must attend in order to pass. Initial ____
2. I understand that if I withdraw from the program/course, that I will do all the necessary paperwork with due notice at the institute. Further, I understand that if I do not do all the necessary paperwork to withdraw from the program/course with due notice (eligible for a 100% refund based on the withdraw requirement of the educational institution) that I will be responsible for all my training costs and I understand that I will have to pay the Lax Kw'alaams Business Development Ltd. back for costs associated with my training. Initial ____
3. I understand that if I withdraw from my program/course that I must inform the Training Coordinator. Further, I understand that if I do not inform the Training Coordinator of withdrawing from my program/course, that I will be responsible for any costs for the program/course, including tuition, books, supplies, travel and training allowance. Initial ____
4. I understand that if I withdraw that I will not be funded for that same program/course again and that if I apply for funding in the future that my past funding history will be used to determine future funding. Initial ____
5. I understand that I must submit my certificate to the Lax Kw'alaams Business Development Ltd. when I complete my program/course. Initial ____
6. I understand that I must submit my transcripts to the Lax Kw'alaams Business Development Ltd. (where applicable) when I complete my program/course. Initial ____

Applicant's Name: _____ (print name)

Applicant's Signature: _____ Date: _____

Witness (if applicant is over 19 years)

Witness' Name: _____ (print name)

Witness' Signature: _____ Date: _____

Guardian (if applicant is under 19 years)

Parent's Name: _____ (print name)

Parent's Signature: _____ Date: _____

SIGNATURE PAGE

Applications will only be accepted which have been signed by the Applicant.
If the Applicant is less than 19 years of age upon signing, a parent and/or legal guardian must also sign the application.

By signing this application, I _____ (print name) of _____
_____ (address) located in _____ (city)
therefore assert and guarantee, the information is accurate and true. Further, I understand that any misrepresentation will result in immediate termination of funding, and that I will not be able to secure further funding.

Further, I, _____ (print name) also agree to advise the Lax Kw'alaams Business Development Ltd. Training Coordinator of any changes to my status, or conditions of my funding, including changes to any program/course(s).

Further, I, _____ (print name) understand that it is my obligation to provide all necessary documentation, and my application will not be processed without me providing all the necessary documentation.

Signed this ____ (day) of _____ (month), _____ (year) at _____ (address)

Applicant's Name: _____ (print name)

Applicant's Signature: _____

Witness (if applicant is over 19 years)

Witness Name: _____ (print name)

Witness Signature: _____

Address of Witness: _____

Telephone No. of Witness: _____

Guardian (if applicant is under 19 years)

Parent/Legal Guardian Name: _____ (print name)

Parent/Legal Guardian Signature: _____

Relationship to Applicant: _____

PERMISSION FOR RELEASE OF INFORMATION & PHOTO RELEASE

I _____ (print full legal name) hereby agree that Agencies and/or Funding Institutions listed below, may release information to the Lax Kw'alaams Business Development Ltd. Training Coordinator for the duration of the training program, from _____ (date) to _____ (date).

- College, University or training centre I am attending
- H.R.D.C. (E.I.)
- TRICORP
- HSEDS
- TRANSITIONS/ ACCESS
- Ministry of Human Resources (Social Assistance)
- Workers Compensation Board (WCB)

I _____ (print name) hereby consent that Lax Kw'alaams Business Development Ltd. may also share my relevant personal information as it regards to my application for funding to the above funding institutions during the time frame noted above.

I _____ (print name) give permission to be interviewed, photographed and/or videotaped by the Lax Kw'alaams Business Development Ltd., and consent to the use of this material in any public communications, including social media, website and print newsletters on behalf of the Lax Kw'alaams Business Development. Initial _____

Signed this _____ (day) of _____ (month), _____ (year) at _____ (address)

Applicant Name: _____ (print name)

Applicant Signature: _____

Witness (if applicant is over 19 years)

Witness Name: _____ (print name)

Witness Signature: _____

Guardian (if applicant is under 19 years)

Parent/Legal Guardian Name: _____ (print name)

Parent/Legal Guardian Signature: _____

Relationship to Applicant: _____