



Ts'kw'aylaxw First Nation

Box 2200
Lillooet, BC
V0K 1V0

Ph: (250) 256-4204

Fax: (250) 256-4058

Ts'kw'aylaxw Education Extension Course Application

All blanks must be filled or it will be sent back

Applicant Information

Name:		SIN Number:	
Address:		Band Number:	
		Phone Number:	
Employed or Unemployed		Have you had an E.I. Claim in the last 3 years?	

Course Information

Course Name:		Start & End Date:	
Address:		Phone Number:	
		Fax Number:	
Course Fee	\$ _____	Contact Person:	
Supplies	\$ _____		
Applicants Contribution	\$ _____	Course Location:	
Amount Requested	\$ _____		
Explain how this course will assist you:			

Conditions of Sponsorship

I understand that in the event that I receive funding from Ts'kw'aylaxw (Pavilion) First Nation I will abide by the following conditions;

1. I will attend the course(s) as required and complete the course(s) to the satisfaction of the Institute and Education Coordinator;
2. If I am unable to attend and/or complete the course(s) I will contact the Instructor and Education Coordinator to advise of reasons for not attending and/or completing, and withdraw from the course(s);
3. I will send in a copy of the certificate once the course is complete and understand that this application will not be considered complete or closed until the required documentation is submitted to the Education Coordinator and that this will result in future applications being denied;
4. I will reimburse Ts'kw'aylaxw First Nation Education Department for the full amount sponsored if I
 - a) Do not complete the course as required;
 - b) Do not withdraw before the course deadline;
 - c) Do not pass the course.
5. I will abide by the conditions set out above. I understand that non compliance of any of the above results in future applications being denied.

Applicants Signature

Date