

**ULKATCHO BAND EDUCATIONAL SPONSORSHIP  
APPLICATION FORM  
ACADEMIC YEAR: \_\_\_\_\_**

Name: \_\_\_\_\_  
                                    (First)                                    (Initial)                                    (Last)

Date of Birth: (Y/M/D) \_\_\_\_\_ Band Number: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Message No: (\_\_\_\_) \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Spouse: Y/N    Number of Dependants: \_\_\_\_\_

**EDUCATION PLAN**

Institution Applied to: \_\_\_\_\_

Student Number: \_\_\_\_\_ Year: \_\_\_\_\_ Of: \_\_\_\_\_

Type of Program: \_\_\_\_\_

Name of Academic Advisor or Counsellor: \_\_\_\_\_

College Prep: \_\_\_\_\_ University Level: \_\_\_\_\_

Total Number of Semesters sponsored to Date: \_\_\_\_\_

**ESTIMATED EDUCATION COSTS**

Costs                       Fall                       Winter                       Spring                       Summer  
Sept to Dec                      Jan to April                      May to August

Tuition \_\_\_\_\_

Textbooks \_\_\_\_\_

Living Expense \_\_\_\_\_

Tutoring \_\_\_\_\_

Travel: \_\_\_\_\_

Total Costs: \_\_\_\_\_

**STUDENT COMMITMENT AND APPROVAL**

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

**STAFF AUTHORIZATION**

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