



TECH TRAINING
STUDENT APPLICATION FORM

PART A / B



STUDENT FORM - CHECKLIST

Before mailing, emailing or hand delivering your completed application, please ensure that it contains all the following important documents:	
Completed and signed application form.	
Unofficial Transcript of most recent academic record (official copy will be necessary if you are approved).	Please email / fax / deliver completed applications to:
Acceptance at recognized accredited post-secondary institution.	Attention: Forestry Workforce Advisor
identify any funding from other sources in section "F" Financial.	Email: workforce@forestrycouncil.ca
Current Resume	working coe forestry countemed
Current Cover Letter for Forestry Career Plan	Fax: 604.921.4401
Valid BC Driver's License for L, N or 5	Mailing Address:
Copy of your Status Card	First Nations Forestry Council 2161 - 1959 Marine Drive
Indigenous Forestry Workforce Intake Form	North Vancouver, BC V7P 3G1

APPLICATION FOR SPONSORSHIP



A. PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME		
MAILING ADDRESS	CITY/PROVINCE	POSTAL CODE		
PHONE NUMBER (home)	PHONE NUMBER (alternate)	EMAIL ADDRESS		
B. ABORIGINAL STATUS				
Do you identify yourself as an Aboriginal pe	erson? Yes No			
If you identify as an Aboriginal person, what	t is your status? Status Non-statu	s Metis Inuit		
If you have status, which First Nations Band	are you registered with?			
Name of Band:	City:			
If you are Metis, do you have Metis Registra	tion?			
C. EDUCATIONAL GOALS (wh	nich stream are you applying to)			
Forestry Technician	Forestry Trades:			
Natural Resources	Construction Millwrights and Industrial Mechanics			
Environmental Technology	ental Technology Logging Machine Operator			
Business Management or Administration	Skidder Operator			
Geographic Information Systems	Heavy Duty Mechanics	Other:		
What is the name of the forestry/natural res	ource technology program or training progr	ram that you are applying to?		
What is Post-Secondary or training institution	n you will be applying to?			
School Name:				
Address:				
What is the term of the program?				
Have you been officially accepted by Admis	sions into your program of choice?			
What is the start date?				

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APPLICATION FOR SPONSORSHIP

(continued)

D. WORK TERM PLACEMENT

Are you willing to relocate for the summer to anywhere in the Province where a placement is available?				
If not please indicate your preferred location for your summer work term (if there is more than one location list in order of preference):				
**See BCTS location map on page 6.				

- TBA Babine Timber Sales Office Burns Lake, Houston, Smithers
- TCC Cariboo-Chilcotin Timber Sales Office Williams Lake, Quesnel
- TCH Chinook Timber Sales Office Chilliwack, Queen Charlotte City
- TKA Kamloops Timber Sales Office Kamloops, 100 Mile House, Clearwater, Merritt
- TKO Kootenay Timber Sales Office Nelson, Castlegar, Cranbrook, Grand Forks
- TOC Okanagan-Columbia Timber Sales Office Vernon, Revelstoke
- TPL Peace-Liard Timber Sales Office Dawson Creek, Fort Nelson, Fort St. John
- TPG Prince George Timber Sales Office Prince George, Mackenzie
- TST Seaward/tlasta Timber Sales Office Port McNeill
- TSK Skeena Timber Sales Office Terrace, Hazelton
- TSG Strait of Georgia Timber Sales Office Campbell River, Port Alberni, Powell River
- TSN Stuart-Nechako Timber Sales Office Vanderhoof, Fort St. James





APPLICATION FOR SPONSORSHIP

(continued)

E. WHAT ARE YOUR CAREER GOALS	
Forest management and engineering (pre-harvest)	Harvesting (Logging)
Silviculture (post-harvest stand tending)	Mills and Trades

F. FINANCIAL SECTION

A. Request for FNFTP Scholarship Funding

ELIGIBLE EXPENSE	TOTAL FUNDS REQUIRED FOR YEAR	LESS OTHER FUNDING SOURCES	TOTAL REQUEST	COMMENT	APPROVED AMOUNT
LIVING ALLOWANCE					
TUITION					
BOOKS AND SUPPLIES					
FIELD TRIPS (School)					
FIELD GEAR (One time only)					
TRAVEL COSTS (Transit, moving)					
TOTAL REQUEST					

B. Eligible Scholarship Funding and Limits

ELIGIBLE EXPENSES	LIMITS	COMMENTS	
LIVING ALLOWANCE	\$1,000 PER MONTH FOR 8 MONTHS	If funding is available from other sources, top up to maximum total monthly allowance of \$1,500 per month for 8 months. Eg. \$800 from Band; FNFC will provide \$700 per month.	
TUITION/GRAD FEES	\$5,075		
BOOKS / SUPPLIES / FIELD TRIPS	\$800		
TRANSPORTATION (Bus)	\$325		
FIELD GEAR (1st year only)	\$550 one time only	If funding available from other sources top up to match to a maximum of \$ 1,000 for field gear. Eg. ASET \$1,000; FNFC \$0 or ASET \$300; FNFC \$550	
MOVING COSTS (if applicable)	\$250	If moving costs not applicable can be used for books/supplies and field trips.	

SCHOLARSHIP FUNDING APPROVAL AND CLIENT DECLARATION



CLIENT DECLARATION:

CLIENT SIGNATURE

I am aware legal action may be taken against me for making false statements or failing to inform FNFC of changes to the information affecting my entitlement to sponsorship. I am aware that I may be disqualified from receiving sponsorship should I voluntarily exit the course, or not attend on a regular basis. I hereby declare that I acknowledge the terms and conditions set out in this contract and agree that in the event that I choose not to adhere to one or more of the following, I may be exempted from future funding:

- 1. Agree to attend and participate in classroom and practical sessions as designated by the institution I am attending for two semesters of training beginning September. I will also participate in the on-the-job training session through the summer of 2016 with the Industry Partner.
- 2. I will complete all designated assignments, exams and/or research projects as defined by the Institution's curriculum in a professional manner.
- 3. Understand that non-professional behavior such as prolonged unexcused absences or disruption to a productive learning environment will result in my dismissal from the Program.
- 4. Will remain in contact with my mentor throughout the classroom portion of the Program to discuss how my studies are progressing and how they relate to work I may be doing during the on-the-job training period. I agree to contact my mentor on a monthly basis.
- 5. I am responsible for any costs incurred in excess of the agreed upon amount of sponsorship.
- 6. I am responsible to personally address any individual financial issues such as taxation, El, etc.
- 7. The student indemnifies and saves harmless the FNFC and its employees and agents from any and all losses, claims, damages, actions, causes of action, costs and expenses that arise out of or occur, directly or indirectly, by reason of any negligent act or omission of the Student pursuant to this Agreement.
- 8. I agree that information, related to this initiative, may be shared amongst participating Provincial Ministries, Federal Departments, Industry Partners, ASETS, FNFC and public/private Training Institutions and identified as being a stakeholder.
- 9. I will report to the FNFC, as soon as possible, if there are changes to the information I have provided.
- 10. I certify that this information is true, correct and complete in every respect and I understand it may be subject to verification by FNFC or its representatives.

Any funding under this agreement is solely dependent upon an appropriation of funds by First Nations Forestry Council from the appropriate funding sources.				
OFFICE USE ONLY				
FILE NUMBER:	APPRO	VED	NOT APPROVED	WITHDRAWN
CONDITIONAL APPROVAL, PENDING:				
AUTHORIZED SIGNATURE		DATE		

DATE



Email:

workforce@forestrycouncil.ca

Fax:

604.921.4401

Mailing Address:

First Nations Forestry Council 2161 - 1959 Marine Drive North Vancouver, BC V7P 3G1

fnforestrycouncil.ca