

Shackan Application for Education Assistance
PO Box 1360
2099 Granite Avenue
Merritt, BC V1K 1M9
Phone: 250-378-5410 Fax: 250-378-5219
www.shackan.ca



CONDITIONS OF EDUCATIONAL ASSISTANCE

WAIVER FORM

NAME: _____

- To attend classes regularly
- To meet the standards required by the institution for continuation in my program of studies
- To provide an official transcript of my marks and academic standing to the “Shackan Indian Band Education Department” within 6 weeks after the school term
- I will consult with an Education Coordinator before I change or drop a course

To be eligible for 100% Living Allowance, a letter from the College/University must be received stating how many courses/and/or credits are considered full time.

I hereby consent to these condition and further authorize “Shackan Indian Band Education Coordinator” release of the following information.

_____ Address	_____ transcript information
_____ Attendance & Progress Report	_____ Caat test results
_____ Grades	_____ Letter of Acceptance

Signature: _____

Conditions are in effect until the completion of my courses and no longer receive Education Assistance.

❖ I, _____ certify that I have been a resident in Canada for
Print name
12 consecutive months prior to this date.

Signature _____ Date: _____