



Indigenous Services
Canada



OFFICE USE ONLY

Date Received – YYYY/MM/DD
EI CRF Active Claim

APPLICATION FOR FINANCIAL ASSISTANCE

DOCUMENT CHECKLIST

APPLICATION FOR TRAINING AND EDUCATION ASSISTANCE

Please read before beginning application. Submit the following documents with your application. Check each box once you enclose the items.

Failure to provide a fully completed application form or the necessary documents will result in delayed processing of your application.

FULL TIME POST SECONDARY STUDENTS- NWT SFA FUNDED

- Application for Training and Education Assistance Plan, **fully completed, signed, and dated. (FORM A)**
- Gwich'in Tribal Council Payment Authorization form **(FORM B)**
- Confirmation of Post-Secondary Education Primary Funding Source **(FORM C)**
- Student Enrollment Form **(FORM D)** to be completed each semester
- Funding Letter (Student Financial Assistance (SFA) or other) if applicable
- Official Transcripts (to be submitted each semester- unofficial transcripts will not be accepted)
- Institution Letter (Program/Course acceptance letter)
- Updated Resume

FULL TIME POST SECONDARY STUDENTS- NOT FUNDED BY NWT SFA

- Application for Training and Education Assistance Plan, **fully completed, signed, and dated. (FORM A)**
 - Gwich'in Tribal Council Payment Authorization form **(FORM B)**
 - Confirmation of Post-Secondary Education Primary Funding Source **(FORM C)**
 - Student Enrollment Form **(FORM D)** to be completed each semester
 - Funding Letter if applicable
 - Official Transcripts (to be submitted each semester- unofficial transcripts will not be accepted)
 - Institution Letter (Program/Course acceptance letter)
 - Updated Resume
- If applicable, our staff may also request as part of the application process:**
- NWT SFA Denial Letter
 - Copy of Indian Status Card

SHORT COURSE TRAINING (GWICH'IN SETTLEMENT AREA RESIDENTS ONLY)

- Application for Training and Education Assistance Plan, **fully completed, signed, and dated. (FORM A)**
 - Gwich'in Tribal Council Payment Authorization form **(FORM B)**
 - Institution Letter (Program/Course acceptance letter)
 - Updated Resume
 - Upon Completion:** copies of any certification received.
- Some courses may require as part of the application process:**
- Confirmation from an employer offering employment
 - Informal phone interview with the Education and Training Staff

Labour Force Category		
<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed
Employment Readiness		
<input type="checkbox"/> Not Ready to Work	<input type="checkbox"/> Ready to Work	<input type="checkbox"/> Unable to Work
Are you receiving any of the following:		
<input type="checkbox"/> Income Assistance within last 3-5 years	<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> EI within the last 3-5 years <input type="checkbox"/> EI maternity/parental
Education		
What is the highest level of education you have achieved?		
<input type="checkbox"/> Less than high school	<input type="checkbox"/> High School (includes GED)	<input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Trades Certificate/Diploma
<input type="checkbox"/> Diploma (College)	<input type="checkbox"/> University Degree	
When did you achieve this level of education? (Month: _____ / Year: _____)		
Certificate or Trade Licences		
Are you an apprentice: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Trade:	Registered/Certified in which province/territory?
Are you a Journeyman: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Safety Tickets	Expiry Date	

Proposed Training Activity (Institution and Program Applied For)		
Institution ▶ _____	Location ▶ _____	
Program/Course ▶ _____	Accepted ▶ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	
Licence <input type="checkbox"/>	Certificate <input type="checkbox"/>	Degree <input type="checkbox"/>
Diploma <input type="checkbox"/>		Other <input type="checkbox"/> _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Short Course		
Start Date: _____	End Date: _____	Number of weeks _____ days _____
YYYY/MM/DD	YYYY/MM/DD	

Budget Plan NOTE: Do not Leave Blank or funding will not be considered: (To be Completed by Client)		
Budget	Cost	Other Funding Amount (SFA, IA, Self)
Course Costs (Tuition) ▶		
Travel ▶		
Books ▶		
Rent (including utilities) ▶		
Dependent Care ▶		
Other ▶		
Total Cost: ▶		Total Received: ▶
		Total Outstanding: ▶

Employment Goal

What is your long-term career plan?

Career Decision Making

What steps are you taking to reach your career goal?

- 1. _____
2. _____
3. _____

If approved for training, will the training lead directly to employment and with which employer?

Job Search/Employment Maintenance

Are you able to:

- Prepare your own resume [] Yes [] No
Prepare for an interview [] Yes [] No
Prepare your own cover letter [] Yes [] No

Do you require assistance with these activities [] Yes [] No

What are the barriers that prevent you from obtaining/maintaining your employment goal?

- [] Lack of transportation [] Lack of drivers licence [] Criminal record [] Lack of education/skills [] Lack of childcare
[] Lack of housing [] Addictions [] Work ethic/attitude [] Punctuality [] Disability
[] Lack of work experience [] Resume Presentation [] Lack of personal protective equipment
[] Other _____ [] Other _____

Skill Enhancement

Please check the box that best describes your literacy & document use skills:

- [] Not able to read or write at all
[] Able to read simple, familiar words and documents only
[] Able to comfortably read most words but assistance is needed unfamiliar documents or forms
[] Able to read, write and use documents but academic or technical language outside of my area of work is unfamiliar
[] I feel comfortable using complex documents and reading and writing in academic or technical language

Did someone help you complete this application? [] No [] Yes: Name _____

If you have a documented learning disability or suspect you may have a learning disability, please let the Education and Training Staff know so supports can be offered.

APPLICANT DECLARATION AND CONSENT (must be signed and witnessed)

CONSENT CLAUSE, DECLARATION AND RELEASE OF INFORMATION

(To be completed by student)

1. I consent to and authorize the release of any personal information by my employer, banks or other financial institutions, mercantile organizations, Indigenous organizations, educational institutions and by federal, provincial, territorial and municipal government departments and agencies, including the Canada Customs and Revenue Agency to the Gwich'in Tribal Council. My personal information will be used to determine my initial and continued eligibility for funding and for the effective and efficient general administration and enforcement of the GTC Employment and Training Programs.
2. In addition, I consent to and authorize the release of any personal information by the Gwich'in Tribal Council to any Indigenous organizations and/or federal, provincial, territorial and municipal government departments and agencies for the purpose of the effective planning, development, delivery and monitoring of the GTC Employment and Training Programs.
3. I understand that "personal information" means and includes:
 - a. my name, home or business addresses and telephone numbers,
 - b. my national or ethnic origin;
 - c. my age, sex, marital status or family status, and date of birth,
 - d. my financial status and history;
 - e. any identifying numbers, symbol or other particulars assigned to me such as my social insurance number, health care card number, or personal identification number;
 - f. Information about my educational or employment status and history.
4. I understand that the personal information that may be released to banks or other financial institutions, mercantile organizations, Indigenous organizations, government organizations and educational institutions are:
 - g. my name, home or business addresses or home and business telephone numbers;
 - h. my national or ethnic origin;
 - i. my age, sex, marital or family status, date of birth; and
 - j. my financial status and history.

I agree to provide such additional consent to the release of my personal information as may be required from time to time by the Gwich'in Tribal Council.

DECLARATION

I declare that the information submitted in this form is correct to the best of my knowledge.

I agree to:

- use any funding received from the GTC Employment and Training Program funds towards the cost of my education and return any refunds of tuition or other fees and any GTC Employment and Training funding that I am not entitled to;
- immediately notify the GTC Employment and Training Program staff in writing if I change my status as a full time student in an approved program, my study period, my marital status, the status of my dependants or financial status, any changes to my address(es), phone numbers and bank accounts;
- provide information or documents requested by the GTC Employment and Training Program staff to verify any statement made in this application; and
- to follow the terms and conditions of any funding that I may receive.

I understand that:

- I may have to repay my financial assistance now or in the future to the Gwich'in Tribal Council if there are changes to my financial , marital, or dependant status; or my status as a full-time student in an approved program;
- I may be denied financial assistance now and in the future, if:
 - I make false or misleading statement in this application;
 - I do not comply with a request from the GTC Human Resource Department to provide information or documents so that information in this application may be verified;
 - my eligibility for GTC Employment and Training Program funds may be effected by income that I, or my spouse, receive from other sources; and
 - I have an outstanding debt to the Gwich'in Tribal Council or its affiliates or to other funding agencies.
- **The GTC Employment and Training Program Staff will contact me periodically to gather statistical information as it relates to my education and training for which I am being sponsored and I agree to fully participate in providing such information.**

Signature of Student

Signature of Witness

Print name of student

Print name of witness

____/____/____
YYYY/MM/DD

____/____/____
YYYY/MM/DD

Please print the form, complete all sections, sign, and scan (if submitting by email).

Submit your fully completed application form and all required documents with one of the following options:

In Person:

Gwich'in Tribal Council
1-3 Council Crescent
Inuvik, NT

Fax:

Attn: Education Department
867-777-7919

Mail:

Gwich'in Tribal Council
P.O. Box 1509
Inuvik, NT
X0E 0T0

Email:

education@gwichin.nt.ca

EDUCATION AND TRAINING DEADLINES
Fall Semester: JUNE 30 th
Winter Semester: November 15 th
Spring Semester: March 15 th
Summer Semester: April 15 th
Short Programs/Courses: One month prior to start of training.