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Kakivak Association
Parnaivik Building 924
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Toll free: 1-800-561-0911
www.kakivak.ca

BAFFIN INUIT EMPLOYMENT PROGRAMS INDIVIDUAL SPONSORSHIP APPLICATION

Our policy requests that you include ALL of the following requests for information when applying for funding to avoid delays in processing:

- 1) Complete the attached Application for Individual Sponsorship: And include the following:**
- 2) Include:** a letter of intent explaining why you want to take the course/training, how it will help you and what you plan to do after the course/training. What type of job will you be looking for?
- 3) Include:** A letter of acceptance from the Institution/School indicating that you have been accepted, support letters, or if you're a student taking a course at Nunavut Arctic College you can use the College reference forms. If you were in a course/training in previous year(s) you must include your transcripts. High school transcripts are not required.
- 4) Do you need assistance for any of the following from Kakivak?** Training Allowance, Tuition/Books, Living Away from home Allowance, Airfare, and/or any other items/services that are required to take this course/training? Please list separately.

Living Away from home allowance is for individuals who must leave their home community to attend a training course and who will require temporary accommodations. **If approved** for the Living Away from Home Allowance, YOU will be responsible to pay your monthly rent.

You must inform Kakivak if you are or will be receiving any other funds from other sources or if you are also applying for other funding from other sources (eg FANS). You can only receive full funding from one agency. If you are not eligible to receive funding and/or are denied you must provide a letter of ineligibility from the agency.

If you live outside of the Qikiqtaaluk Region you must first apply to funding agencies where you live. If you are not eligible to receive funding and/or are denied you must provide a letter of ineligibility from the agency before we can proceed with your request.

You have to let us know if you and your spouse are taking the same course/training or if both of you are applying for funding from Kakivak to take different courses.

You need to have a Bank Acct for direct deposit, if you don't have a Bank Acct please apply for one ASAP.

Note: All information provided by you will be protected by Kakivak Association and will not be shared with any other organization unless written authorization has been received from the person signing this application.



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KAKIVAK ASSOCIATION INDIVIDUAL SPONSORSHIP APPLICATION

Course Name: _____ Name of School: _____

Course
Start Date: ____/____/____ **Course**
End Date: ____/____/____

DD MM YY DD MM YY

Is the program a Certificate Diploma Degree College University
 1st Year 2nd Year 3rd Year 4th Year

PERSONAL INFORMATION: Permanent Address (Please print clearly)

First Name: _____ Last Name: _____

Mailing Address: _____ Community: _____

Postal Code: _____ Telephone: _____ Fax: _____

Date of Birth: ____/____/____ Age: _____

DD MM YY

SIN#: _____ - _____ - _____ Sex: Female: _____ Male: _____

E-Mail address: _____

Are You: A resident of the Baffin Region? Yes _____ No _____

If you are not currently in our Region when did you last reside in our region?

Date _____ Region? _____ Location? _____

A Beneficiary of Nunavut? Yes _____ No _____ Beneficiary Number: _____

Are You: Inuit: Yes _____ No _____ (Specify): _____

Name of beneficiary Parent(s) _____

Home Community _____

Do you have any Disabilities? Yes _____ No _____

Are you going away from your home community for training? Yes _____ No _____

City/Community of Training place: _____

Have you ever been sponsored by our organization before? Yes _____ No _____

Name of Course _____ Location: _____ When? _____

Family Status: Single _____ Common Law _____ Married _____



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Full Name of Spouse: _____

Have you and your spouse both applied to Kakivak for sponsorship? Yes _____ No _____

If both parents have applied to be sponsored by Kakivak only one may claim for the child(ren).

Are you living with and supporting Child(ren)? Yes _____ No _____

(If you are claiming for the child(ren), please list them below)

Name:	Age:	Relationship:	Weekly Income:

Will your child(ren) need childcare? Yes _____ No _____ Daycare _____ or at Home _____

Which Daycare in the Baffin Region? _____

Was the Daycare supported by Kakivak or GN? _____

Other: Childcare provider? _____

Education:

What was the highest grade you completed in the regular school system?

Which School? _____ What Grade? _____ What year? _____ Territory/Prov _____

Please provide the last two courses or training you attended:

Name of course/training: _____ Where? _____

Course/training: Start date: _____ / _____ / _____ End date: _____ / _____ / _____
DD MM YY DD MM YY

Did you complete the course/training? Yes _____ No _____

If no, please give reason: _____

Who sponsored you for this? _____ Where? _____

Name of course/training: _____ Where? _____

Course/training: Start date: _____ / _____ / _____ End date: _____ / _____ / _____
DD MM YY DD MM YY

Did you complete the course/training? Yes _____ No _____

If no, please give reason: _____



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Who sponsored you for this? _____ Where? _____

Are you currently receiving Income Support? Yes _____ No _____

Have you received Income Support in the last year? Yes _____ No _____

Have you applied for Employment Insurance (E.I.) in the last year? Yes _____ No _____

Have you received any E.I. benefits in the last 3 – 5 years? Yes _____ No _____

Status before Training: (Please check the one that applies to you)

Employed _____ Unemployed _____ Income Support _____ Self-Emp _____

Receiving Unemployment Insurance: _____ Other Income (Specify): _____

Will Practicum placement associated with your course/training be required at a work place anytime during your course/training? Yes _____ No _____

Name of Organization of Practicum: _____

Position during Practicum: _____

Practicum Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____
 DD MM YY DD MM YY

While applying for this course/training, or while taking this course/training have you applied to any other funding agency for sponsorship? Yes _____ No _____

If YES please provide name of other funding agency _____

Please list your Current or Previous Employer before you start the course/training:

Name of Current or Last Employer? _____

Full-Time _____ Part-Time _____ Casual _____ Term _____ Temporary _____

What is/or was your Job/Position? _____

Dates Employed: **Start date:** _____ / _____ / _____ **End Date:** _____ / _____ / _____
 DD MM YY DD MM YY

Still working? _____ If not, Reason for leaving? _____

If your application for funding would be approved, would you like your allowances to be deposited into your bank account? If yes please provide the following; Banking Information or a cancelled Cheque from the bank:

Name of Bank: _____ Transit# _____ Acct# _____



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Please read the following and sign where indicated:

DECLARATION & AUTHORIZATION TO RELEASE INFORMATION:

1. I declare that the information given above is true, correct, completed and understand that it may be subject to verification.
2. I understand that Kakivak Association will share the above information with Canada and that I consent to the disclosure of this information to Canada.
3. I have been advised by Kakivak Association that the information that I provided is protected under Canada's Privacy Act and that I have a right under the Privacy Act to obtain access to that information from Canada.
4. I hereby authorize Service Canada to release information about the status and benefit rate of my Employment Insurance claim to Kakivak Association to determine my eligibility for the program and/or for alternative income support.
5. I hereby authorize Kakivak Association to release and/or request for information about the status, sponsorship information and costs to **Nunavut Government Income Support, Department of Education and Financial Assistance Nunavut** to determine my eligibility for the program and/or for alternative income support.
6. I authorize Kakivak Association at any time to request for information regarding my academic progress including education costs and transcripts from the educational institution that I will be attending.
7. This authorization will remain in effect UNLESS I give written instruction to cancel the authorization.

Terms and Conditions

- 1) Kakivak Association reserves the right to attach financial and/or non-financial conditions to the assistance and the consequence of the applicant failing to adhere to these conditions, includes provision for a right of termination of the agreement in the event of a breach of the agreement.
- 2) Payment of any financial assistance under the agreement is subject to the availability of funds provided by Canada to Kakivak Association and that payment of financial assistance may be cancelled or reduced in the event that Canada cancels, reduces or decides not to renew its funding to Kakivak Association.
- 3) **The Applicant agrees to repay the amount of any financial assistance to which the individual is not entitled.** The amounts to which an individual is not entitled include:
 - i) the amount of any payments made to an individual in error
 - ii) the amount of any payments made for costs in excess of the amount actually incurred by the individual for those costs; and
 - iii) the amount of any payments that were used for costs that was not eligible for reimbursement under the agreement.

By signing this application form, you have read and understood the: **DECLARATION & AUTHORIZATION TO RELEASE INFORMATION and Terms and Conditions written on this form.**



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Applicant Signature _____ **Date** _____

