

Ilinniarniq Advanced Education

The Qikiqtani Inuit Post-Secondary education sponsorship program helps Inuit (registered to the Qikiqtani Region) gain skills by support enrolled in an approved post-secondary school. Through this program eligible participants can receive:

- living allowance
- tuition / books
- travel support
- program equipment / supplies (PPE, uniforms, etc)
- other supports (Internet, laptop, childcare, tutoring, accommodations, disabilities, etc.)

Do you need additional sponsorship funding for any of the following:

- | | | | | | |
|--------------------------|-------------------------------------|--------------------------|----------|--------------------------|----------------------------|
| ☐ | Tuition / Books | ☐ | Tutoring | ☐ | Childcare |
| ☐ | Travel (bus pass or transportation) | ☐ | Laptop | ☐ | Program Equipment/Supplies |

Living Allowance and Student Supplementary Support funding will be calculated based on your eligibility.

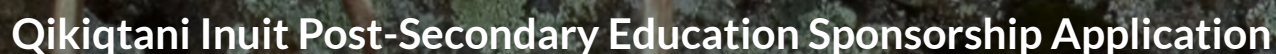
Please Note: This sponsorship covers the applicant during one academic year. If you are continuing in the next academic year, you' submit a new application.

DOCUMENTATION CHECKLIST

Please use the checklist below to ensure you provide all the required information to avoid processing delays. If you have any questions contact us at 1-800-561-0911 or email us at students@kakivak.ca.

- 1 Complete this Qikiqtani Inuit Post-secondary education sponsorship application.
- 2 A copy of your NTI Enrolment Card
- 3 Void Cheque
- 4 A copy of your Government issued ID
- 5 A Letter of Intent explaining:
 - Why are you taking this program?
 - What are your plans after completing this program?
 - What is your career goal?
- 6 An Acceptance Letter from the approved post-secondary school indicating that you have been accepted.
- 7 Letter of approval from other funding sources.
- 8 If you have attended post-secondary programs in the past, you must include your transcripts (high school transcripts are not required).

Please Note: Kakivak Association will not share any information provided with any other organization unless written authorization has been received from the person signing this application.



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First Name (As shown on your government issued ID):

Last Name (As shown on your government issued ID):

Mailing Address and PO Box:

Community/City:

Postal Code:

Email Address:

Telephone:

Cell Phone:

Date of Birth (dd/mm/yy):

Age:

Gender:

SIN #:

Do you have any visible or non-visible disabilities?

Yes No

Are you a resident of the Qikiqtani Region:

Yes No

(If 'No,' please state when you last lived in the Qikiqtani Region and which community)

Date (dd/mm/yy):

Community:

Are you enrolled to the Nunavut Land Claims Agreement under the Qikiqtani Region?

Yes No

If yes, provide a copy of your NTI enrolment card. If no, please contact NTI to enroll. Your application cannot be approved without this number.

NTI Enrolment Card Number:

Registered Community under NTI Enrolment Card:

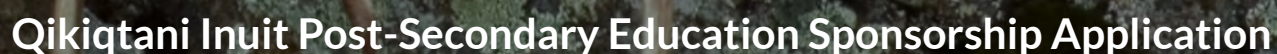
☐ I am aware that Kakivak Association might contact Nunavut Tunngavik Incorporated to verify information related to my enrolment card

Address while attending post-secondary school:

Mailing Address

Community/City:

Postal Code:



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Marital Status: ☐ Single ☐ Common Law / Married ☐ Widowed ☐ Divorce / Separated

If you have a spouse, are they also applying for the Qikiqtani Inuit Post-Secondary education sponsorship program?	Yes	No

Spouses Name:

Date of Birth (dd/mm/yy):

Are you living with dependent children?

Yes No

(If 'yes,' please list the dependent children you are claiming below:)

Please Note: If both parents have applied for sponsorship, only one parent may claim for the dependent children at one time.

[illegible]

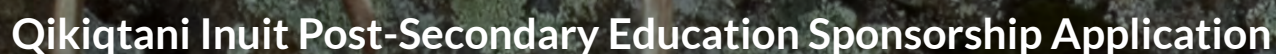
EDUCATION

What is the highest grade you completed (Kindergarden - Grade 12)

Grade

What is the highest level of post-secondary education you completed (Certificate, Diploma, Degree, Masters, PhD, Trades)

Post-secondary



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COURSE OR TRAINING PROGRAM INFORMATION

Are you studying/training? ☐ Full-time ☐ Part-time

Is this program online?	Yes	No
1. This program is designed to help me understand the world better.		
2. This program is designed to help me learn new things.		
3. This program is designed to help me improve my skills.		
4. This program is designed to help me stay motivated.		
5. This program is designed to help me stay organized.		
6. This program is designed to help me stay healthy.		
7. This program is designed to help me stay safe.		
8. This program is designed to help me stay happy.		
9. This program is designed to help me stay successful.		
10. This program is designed to help me stay confident.		
11. This program is designed to help me stay calm.		
12. This program is designed to help me stay focused.		
13. This program is designed to help me stay productive.		
14. This program is designed to help me stay creative.		
15. This program is designed to help me stay curious.		
16. This program is designed to help me stay open-minded.		
17. This program is designed to help me stay flexible.		
18. This program is designed to help me stay adaptable.		
19. This program is designed to help me stay resilient.		
20. This program is designed to help me stay strong.		
21. This program is designed to help me stay brave.		
22. This program is designed to help me stay kind.		
23. This program is designed to help me stay honest.		
24. This program is designed to help me stay fair.		
25. This program is designed to help me stay just.		
26. This program is designed to help me stay peaceful.		
27. This program is designed to help me stay loving.		
28. This program is designed to help me stay compassionate.		
29. This program is designed to help me stay generous.		
30. This program is designed to help me stay humble.		
31. This program is designed to help me stay grateful.		
32. This program is designed to help me stay optimistic.		
33. This program is designed to help me stay positive.		
34. This program is designed to help me stay hopeful.		
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50. This program is designed to help me stay hopeful.		

	Yes	No
Will you need to leave your home community to attend?		

Program Name:

Program Length (total duration of the program) _____ years or _____ months

Name of Post-Secondary School:

Start of Academic Year
(dd/mm/yy):

End of Academic Year
(dd/mm/yy):

Location of the Post-Secondary School (*Community or City*)

You will be entering year

Type of Credential awarded at the end of the program
(Certificate, Diploma, Degree, Masters, PhD, Trades)

Type of School (ex: College, University):

Will your program require a workplace practicum placement? Yes No
(If 'Yes,' please complete the following information regarding your practicum)

Name of the Organization where the Practicum will be completed:

Job Title:

Is this a paid practicum? Yes No

Start Date (dd/mm/yy): End Date (dd/mm/yy):

Has your education ever been sponsored by Kakivak Association before? Yes No

If yes, please state the name, location and duration of the program:

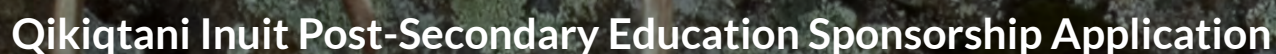
Program Name:

Post-secondary school name:

Location:

Start Date (dd/mm/yy):

End Date (dd/mm/yy):



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FINANCIAL SUPPORT AND EMPLOYMENT INFORMATION

Which funding source have you applied to for this academic year?

- | | |
|--------------------------|--------|
| ☐ | FANS |
| ☐ | ALTS |
| ☐ | NWTSFA |
| ☐ | Other |

Please indicate your current employment and/or financial support status below. Check all that apply:

- | | | | |
|--------------------------|---------------|--------------------------|-------------------------------------|
| ☐ | Employed | ☐ | Employment Insurance (EI) Recipient |
| ☐ | Unemployed | ☐ | Income Support Recipient |
| ☐ | Self-Employed | ☐ | Other, please specify: |
| ☐ | Student | | |

Name of current or last employer:

Select employment type: ☐ Full-Time ☐ Part-Time ☐ Casual ☐ Term ☐ Temporary

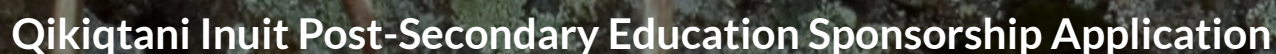
Job Title: _____ Start Date (dd/mm/yy): _____ End Date (dd/mm/yy): _____

Will you remain employed while attending school? Yes No

What are some of the barriers to employment you've experienced?

Please check all that apply:

- | | | | |
|--------------------------|---------------------------------|--------------------------|---|
| ☐ | Lack of Labour Force Attachment | ☐ | Economic |
| ☐ | Lack of Work Experience | ☐ | Dependent Care |
| ☐ | Lack of Transportation | ☐ | Lack of Marketable Skills |
| ☐ | Remoteness | ☐ | Physical, Emotional, or Mental Health |
| ☐ | Language | ☐ | Other barrier not listed above. Please specify: |
| ☐ | Education | | |



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You need to have a bank account for direct deposit, if you don't have one, please apply for one as soon as possible.

If your application is approved for funding, you'll need to provide a void cheque to avoid delays in receiving your first payment.

If you're waiting on your banking institution to provide a void check, please fill out the banking details:

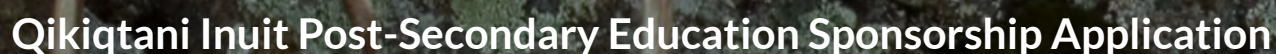
Name of Bank:

Transit Number:

Account Number:

Please read the following and sign where indicated:

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 for Indigenous Skills and Employment Training Agreement 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 for Nunavut Students 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. I agree to the use of my name, pictures, data and other relevant information by Kakivak Association in documentary, newsletters, marketing, and statistics relevant to the programs, and Kakivak Association having exclusive rights to the use of the picture, video, statistics and relevant information at any time and for use by Kakivak Association. I will have no future claim to the information, data, or pictures. In other words, Kakivak Association may use photos and other information gained during the program in Kakivak Association related business and reports.
8. This authorization will remain in effect UNLESS I give written instruction to cancel the authorization.



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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.

? I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Applicant Signature:

Date (dd/mm/yy):

Submit your application to Kakivak Association by email, students@kakivak.ca or by fax, 867-979-3707