Qikiqtani Inuit Post-Secondary Education Sponsorship Application

Ilinniarniq Advanced Education

PROGRAM INTRODUCTION

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, accommodati 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.

- ☐ Complete this Qikiqtani Inuit Post-secondary education sponsorship application.
- ☐ A copy of your NTI Enrolment Card
- ☐ Void Cheque
- ☐ A copy of your Government issued ID
- ☐ A Letter of Intent explaining:
  - Why are you taking this program?
  - What are your plans after completing this program?
  - What is your career goal?
- ☐ An Acceptance Letter from the approved post-secondary school indicating that you have been accepted.
- ☐ Letter of approval from other funding sources.
- ☐ 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.

PERSONAL INFORMATION

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: ____________________

FAMILY INFORMATION

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.

NAME	AGE	RELATIONSHIP	Date of Birth *(dd/mm/yyy)*

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 ______________

COURSE OR TRAINING PROGRAM INFORMATION

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

Is this program online? ☐ Yes ☐ No

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

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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ᐅᖄᓚᐅᑖ Phone 867-979-0911 | **ᓱᒃᑲᔪᒃᑯ Fax** 867-979-3707 | **ᐊᑭᖃᖏᑦᑐᒃᑯᑦ ᐅᖄᓚᐅᑖ Toll free** 1-800-561-0911

FINANCIAL SUPPORT AND EMPLOYMENT INFORMATION

To qualify for Kakivak funding, applicants must first seek financial support from alternative sources. 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
- ☐ Unemployed
- ☐ Self-Employed
- ☐ Student
- ☐ Employment Insurance (EI) Recipient
- ☐ Income Support Recipient
- ☐ Other, please specify:

If you are currently employed or have been employed in the last 6 months, please provide the following information:

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

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BANK INFORMATION

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:

DECLARATION & AUTHORIZATION TO RELEASE INFORMATION

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.

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