QIKIQTANI INUIT EMPLOYMENT PROGRAMS
INDIVIDUAL SPONSORSHIPAPPLICATION

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

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.

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, If you were in a course 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?** ☐ Living Allowance, ☐ Tuition/Books, ☐ Airfare, ☐ Childcare, ☐ Laptop, ☐ Bus Pass, and/or any other items/services that are required to take this course/training? Please list separately.

5) Travel: Kakivak provides funding for students and their dependents for round-trip travel costs required to attend their course outside their home community.

Nunavut residents are required to apply for FANS/ALTS and are required to provide an approval or denial letter.

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

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

Kakivak Association | 109-924 Mivvik Street, Iqaluit, NU, X0A 3H0 | kakivak.ca | info@kakivak.ca
ᑲᑭᕙᒃ ᑲᑐᔾᔨᖃᑎᒌᖕᒋᑦ | ᒥᕝᕕᒃ ᐊᖅᑯᑎ 109-924 , ᐃᖃᓗᐃᑦ, ᓄᓇᕗᑦ, X0A 3H0
Facebook facebook.com/Kakivak | **Twitter** Twitter.com/Kakivak | **Instagram** @Kakivak_Association
ᐅᖄᓚᐅᑖ Phone 867-979-0911 | **ᓱᒃᑲᔪᒃᑯ Fax** 867-979-3707 | **ᐊᑭᖃᙱᑦᑐᒃᑯᑦ ᐅᖄᓚᐅᑖ Toll free** 1-800-561-0911

KAKIVAK ASSOCIATION INDIVIDUAL SPONSORSHIP APPLICATION

Language(s) Spoken: ☐ **English** ☐ **Inuktitut**

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#: __________-__________-__________ Gender: Female: _______ Male: _______

E-Mail address:

Course Name: ______________________________ Name of School: ______________________________

Course Start Date: ________/________/________
DD MM YY

Course End Date: ________/________/________
DD MM YY

School Year: Please select the one that applies to you

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th year **of a** 1 2 3 4 5 Year program

Is the program a: ☐ Certificate ☐ Diploma ☐ Degree ☐ Bachelors ☐ Masters ☐ PH.D In: ☐ College ☐ University ☐ Other: ______________________________

Are You: A resident of the Qikiqtani Region? Yes _______ No _______

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

Date ______________ Region? ______________________ Location? ______________________

Are you a Beneficiary of Nunavut ? Yes ____ No ____ Beneficiary Number: ______________________

Are You: Inuit : Yes ______ No ______ (Specify): ______________________________

Name of beneficiary Parent(s) ____

Original Home Community ____

Do you have any Disabilities? Yes ________ No ________

Are you going away from your home community for school/training? Yes ___________ No __________

City/Community of Training place: ____

Have you ever been sponsored by Kakivak Association before? Yes ________ No ____________

Name of Course __________________________________ Location: ___________________ When? _____

Family Status: Single___________ Common Law__________ Married ___________

Full Name of Spouse: ____

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

If you and your spouse both applied for Living Away from Home Allowance only one of you will be eligible

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

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

(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:

1. **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?___________________________

2. **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? ___________________

____

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 _______ Student _______

Receiving Unemployment Insurance (EI): ____________ Other Income (Specify): ___________________

Barriers to Employment? Please check one(s) that applies to you.

- None
- 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: ____

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 Title?____

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

Still working? _______________ If not, Reason for leaving?______________________________________

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 ____

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#_____________________

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 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. 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.**

Applicant Signature ______________________________ **Date** ____________________